

A newspaper for the Naval Medical Command Northwest Region

Nor'wester

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Midnight MEDEVAC

Medicine in the News

Reserve Medical Team in Action

Nightingales of the Sea

Branch Hospital Adak HM2 Aguilar's Midnight MEDEVAC

The situation: a young pregnant woman at Branch Clinic Adak is showing signs of premature labor. A drug is needed, a drug that retards labor and is in scarce supply on Adak. The drug was needed because the premature delivery could jeopardize the child's health and could potentially be fatal.

HM2 Renee Aguilar, assigned to Branch Hospital Adak, was dispatched to Elmendorf Air Force Base on mainland Alaska where a supply of the needed drug had been found.

Time was becoming more and more a factor so the hospital called on the "Boomers" of VP-48 to provide air transport for Aguilar and the drug back to Adak.

Shortly after midnight on Sunday, Feb. 9, a VP-48 P-3 "Orion" lifted off from Elmendorf AFB with its precious cargo. The pilot, LT (JG) Tyrone "Sweetness" Payton, eased the Orion onto the slick, ice-covered runway at Adak only seven hours after the evolution had begun.

The rapid response of the hospital staff and the "Boomers" of VP-48 helped avoid a potentially dangerous situation for both the mother and the child. All in a night's work.

Eleven Years Later...

Eleven years ago Naval Hospital Oakland was called Naval Regional Medical Center Oakland and the observance of Black History Week was just beginning within Navy Commands. LNC Clarence Atterbury was host of NMRC Oakland's first observance as he was for the 1986 ceremony. As host eleven years ago, LNC Atterbury introduced LT (JG) M.E. Goodloe as a guest speaker. This time around LNCS Atterbury introduced LCDR Goodloe as keynote speaker.

LCDR Goodloe spoke of the advances that Blacks had made over

please see page 6



HM1 David L. King examines an injured crewman in USS California's medical ward. As California's Radiation Health Technician and Medical Department Leading Petty Officer, King recently received the Navy Achievement Medal for his "exceedingly superior performance of duty." Photo by JO2 Dave Boucher.

Regional Closeup

USS California Petty Officer Excels at Work, Marksmanship

Since March 1984, HM1 David L. King, has been the (NAS Alameda homeported) USS California's Radiation Health Technician and Medical Department Leading Petty Officer.

Besides his administrative and training responsibilities as LPO, King also examines crewmen at sick call, conducts habitability inspections of the ship's messing and berthing compartments and tends to patients in the medical ward.

"King's professional ability, dedication and knowledge make him vital to USS California," said CAPT G.O. Paulson, former commanding officer.

Recently, CAPT Paulson presented King with the Navy Achievement Medal for his "exceedingly superior performance of duty." He said King's, "sustained efforts and meticulous attention to

detail have maintained the Radiation Health Program at a superior level through a series of audits and inspections. His resourcefulness (as the Medical Department's LPO) and his medical knowledge have been invaluable in a number of medical emergencies aboard."

Besides completing his Hospital Corpsman training, King has graduated from the Groton, Connecticut Nuclear Submarine Medical Technician School.

He has also mastered the art of target shooting. "I always wanted to be the master of something," King said. "I'll start with shooting."

Recently King received Expert Ribbons for Navy Pistol and Rifle Marksmanship.

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First Regional Training Meeting Held at Oakland

Education and Training personnel from Northwest Region Echelon Four commands gathered at NAVMEDCOM NWREG Oakland recently for the first Regional Education and Training Conference.

The conference provided a forum for attendees to discuss new policies, problems and new techniques available to them. Some of the topics covered were audiovisual usage and management, Personnel Advancement (PAR) training, training issues relating to Quality Assurance/Credentialing (i.e. Advanced Cardiac Life Support (ACLS) for emergency room personnel and infection control and safety training. Contingency/Operational Readiness Training was also discussed.

Mr. Frank Toth, Special Assistant for Audiovisual Management, NAVMEDCOM, and Ms. Jan McClure, Head Audiovisual Resources Management Department, Naval Health Sciences Education and Training Command (HSETC), gave attendees the chance to review the Computer Assisted Medical Interactive-video System (CAMIS) that is currently being implemented at Naval Hospitals Bethesda, MD; Great Lakes, WI and San Diego, CA. They also reviewed the effects on Navy medicine of the consolidation of Navy audiovisual resources and the establishment of the Naval Imaging Command.

HMCM (SS) Wm. J. O'Daniel, NAVMEDCOM NWREG Command Master Chief, and HMCM S. Kuester, Head Education and

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What's in a name?

NAVMEDCOM NWREG would like to thank CAPT P.A. COPE, NC, Head, Inpatient Nursing Department, Naval Hospital Oakland for her suggestion that led to the selection of Nor'wester as the name of this newspaper.

Look for a closeup of CAPT Cope in the next issue of Nor'wester.

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of the patron. A confirmed violation or rejection of this policy of equal opportunity by an advertiser will result in the refusal to print advertising from that source. Reader contributions and comments are heartily solicited. Nor'wester's editorial deadline is 3 p.m. Wednesday for publication on Friday of the following week.

Op/Ed

Protection Against Terrorism

Is International Travel Safe?

The answer, according to Lt. Col. Alexander C. Wylie, chief, Security Operations Division of the Department of Advanced Military Police Training at the Army Military Police School, Fort McClellan, Ala., appears to be: basically, yes.

The first thing is to become aware of your surroundings. "Look for things out of the ordinary," cautions Wylie. "If there is someone watching you, your home or the area you work, don't hesitate to report it to law enforcement personnel." Wylie says to look for strangers who loiter (especially people with cameras) in the same general area over a period of time. Be aware of suspicious-looking vehicles that reappear several times a week. "Most of all, report out-of-the-ordinary things that make you take notice."

Wylie says there are other precautions people can take, but those precautions are determined by the level of threat in the area you are living or traveling.

In high-threat situations, Wylie suggests varying your routine. "Leave for work and return home at different times," he suggests.

It's also important to alter the route you take to work. "But be especially careful once you are in close proximity to where you work or live," he says. "Terrorists know that once you get close to those places, it's more difficult to vary your routine." Once again, Wylie emphasizes that these precautions should be taken only if the threat warrants it.

People traveling on temporary duty should also take extra precautions.

"Travel orders contain a wealth of information valuable to potential terrorists," says Wylie. They usually include complete travel plans, lodging and modes of transportation. In addition, in making travel arrangements, copies of the orders are given out which makes the travel plans accessible to many different people. Wylie points out that higher-ranking individuals should restrict the number of people who have access to their daily itineraries.

When it comes to hijackings, Wylie says there is little anyone can do. However, Department of Defense officials suggest that service people involved in hostage situations remain calm and maintain a very low profile. These officials suggest that service people neither volunteer information concerning their affiliation with the military, nor should they hide it if asked. They say that if the information is found out later, the repercussions could be more serious.

When making travel arrangements, DoD officials suggest using direct routing, not making note of your military rank, wearing casual civilian clothing and limiting travel within and to high-risk areas.

"Most importantly," says Wylie, "Be aware of what terrorism is and know what the threat is in the area you may live or travel."

Noted With Interest

Medical Care Back On Track

Ten years of deterioration in military medicine ended in 1985, thanks to a newly implemented system of stricter quality control.

Major reforms started in 1985:

- Improved monitoring of the credentials of the military's 13,704 physicians...
 - Thorough review of the appropriateness, quality, and utilization of care of roughly 15 percent of all military hospital admissions (by external peer review organizations)...
 - New licensing requirements... unlicensed physicians must prove they are working towards state licensure—and then receive it within three years.
 - Automated data processing to track MD performance...
- Finally, the 55 MDs who were fired in 1984...were replaced in 1985 by highly trained and well-credentialed young physicians.

AMA American Medical News

Noted With Interest

Navy Times Report on Military Health Care

Navy Times (Feb. 17, '86) ran an article titled *Health Care Face-off* reviewing some of the challenges facing Navy medicine: "budget cuts, a renewed emphasis on preparation for wartime medicine and a steadily increasing population of people eligible for military benefits."

The report, by Paul Smith, Associate Editor for *The Times News Service* said that, "Last September, Defense Secretary Casper Weinberger and William E. Mayer, the Assistant Defense Secretary for

Health Affairs, gave speeches to a meeting of military hospital commanders saying that Defense must redirect its medical programs... Mayer and his deputies went on to reveal a plan to completely overhaul the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)..."

The article cited a 1984 Defense Department survey that found there were about nine million people eligible for military care.

Construction Projects Consolidated

Planning for all medical construction projects for the military will be consolidated under a new Defense Department office...

Plans call for the creation of a support activity that would contain a new office called the Defense Medical Facilities Office to set priorities and approve plans for medical construction projects.... This office would be comprised of about 100 people who now work in Army, Navy and Air

Force medical construction offices, officials said.

Defense is also developing a single "force sizing methodology" to determine the medical personnel and facilities needed in peace and war.

Once created, the medical facilities office will use information from the sizing system to decide which hospitals should be built and which should be built first.

Navy Times

New Bacteria—An Inside Job

Normally *Escherichia Coli* bacteria can't get inside animal cells, but (a) sausage-shaped specimen had moved into a lab-grown lung cell [and] is clearly flaunting the rules. The key is a single gene, lifted from another organism by microbiologists studying the workings of bacterial invasion. Ralph Isberg and Stanley Falkow of Stanford University say they were surprised to find that—at least in this case—one gene made all the difference. The bit of DNA con-

trols production of a large protein on the bacterium's surface that is probably involved in bacterium-to-cell docking—a first step in entry. Apparently, this variety of *E. coli* already has the rest of the machinery it needs to invade. Invasion is only one part of the process of infection, says Isberg, but understanding how some bacteria get into cells is a first step toward being able to keep the harmful ones out.

Science '86

Decade of the Killer Brain Infection

A group of neurologists once speculated that the rise of the Nazi party was partly due to a brain infection known to cause extreme psychiatric disturbances, including pathological violence. The affliction proposed was encephalitis lethargica, and quite apart from any role in Hitler's schemes, it remains one of the most bizarre diseases ever known.

Although encephalitis lethargica probably also broke out in China, it was first described in Vienna during the winter of 1916-17, marking a worldwide epidemic. Spreading through Europe and America, the disease raged for 10 years, striking five million people and killing half a million before disappearing in 1927, as suddenly and mysteriously as it had arrived.

In addition to headache and fever, victims of encephalitis lethargica suf-

fered muscular spasms, seizures, difficulty in swallowing and uncontrollable eye movements...some became psychotic, acting with manic destructiveness that in a few instances led to murder.

A third of the sufferers died, either in a deep coma or a state of tormented sleeplessness that was beyond sedation...(Baron Constantin von Economo), studying brains of deceased victims noticed common pattern of damage...(he) concluded that the disease was caused by an invisible microbe—probably a virus.

Since then, several other types of encephalitis have been conclusively traced to viruses...but the precise identity of the agent that struck terror into the hearts of Europeans 70 years ago remains as elusive as ever.

Science '86

Nor'wester

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News

From the Command Master Chief

Family Ombudsman Program

Ombudsman is a term that we have been hearing more and more about these days. Historically, it is a functional office that has been in existence for nearly 170 years. An Ombudsman is one who cuts governmental red tape and acts as liaison between the interested party and the official when normal procedures for problem resolution are unsatisfactory. This person makes recommendations for remedial action to improve the quality of administration and to redress individual grievances. The ombudsman uses a knowledge of where to look for answers, constructive criticism, and a close-working relationship with the local command as the tools of the trade. The official role of the Family Ombudsman is not that of a counselor nor substitution for the types of referral/counseling services provided by Personal Services Centers, Dependents' Assistance Boards, etc. Neither is the ombudsman a focal point for social organizations and gatherings.

The idea of an ombudsman had been proposed and discussed in many countries around the world, but it originated in Sweden, which has had an official ombudsman since 1809. Even before that time, the functions of an ombudsman were performed in Sweden by an official appointed by the king.

Finland adopted the concept about the same time as Sweden and made it an official position in its government when it became independent in 1919. By mid-1967 variations of the system existed in 12 countries; West Germany even set up an ombudsman for the armed forces in 1957.

More recently, the program has been established in many private enterprises; state governments; as well as federal government agencies such as the Federal Aviation Ad-

ministration and the United States Navy.

The Chief of Naval Operations established the Ombudsman of the Navy in October 1970. Approximately one month before this, he established the Office of Wives Ombudsman in order to give dedicated Navy wives everywhere an official representative to express their views directly to unit commanding officers and base commanders. Restricting this position to only wives is no longer appropriate as the Navy reflects changes in our society. A civilian husband of a Navy member, for example, may be the best person to represent Navy families of the command.

Anyone who feels unfairly dealt with by a government agency, local command, or service member may bring the complaint to the Family Ombudsman. There is nothing belittling about seeking advice or asking for help. The answer received from an ombudsman should be the honest and impartial advice of an honorable person, well versed in the matters of concern.

One of the basic tenets of an ombudsman program is that the ombudsman should only accept grievances that merit consideration. *The individual must first utilize the channels already in existence.* If these channels do not produce satisfaction, then the Family Ombudsman sets the wheels of the program in motion. There are many channels (i.e. Naval station "Hot Lines", hospital "Action Lines", advisory boards, Public Affairs Officer, Chaplain's Office, etc.).

Most Northwest Region facilities have a designated ombudsman. Contact the command duty desk for the ombudsman's name and telephone number.

HMC(SS) Wm. J. O'Daniel

Medical Mobilization Publication

Planning for the Mobilization of the Nation's Medical Resources is a new publication now available from the National Defense University. (It was) written by 10 Medical Department representatives at the Industrial College of the Armed Forces (ICAF) and examines the medical resource shortfalls in DoD medical

organization and contingency planning and the ability of the civilian health care industry to respond...in support of military mobilization needs.

Copies can be obtained by writing: National Defense University Press, Fort L.J. McNair, Washington, DC 20319.

CHAMPUS—Inpatient Cost-Share Increases

Effective Oct. 1, 1985, the daily amount active duty families pay for inpatient care is civilian hospitals under CHAMPUS increased from \$7.10 to \$7.30.

This means that for every day an active duty family member spends as a patient in a civilian hospital under CHAMPUS, he or she will pay \$7.30

or \$25, whichever is greater.

This rate does not apply to military retirees and their families (or to survivors of deceased active or retired military personnel) who pay 25 percent of the cost of covered care in a civilian hospital. CHAMPUS pays 75 percent of the allowed charges for covered hospital and doctor bills.

Test Your Knowledge of Black History

How much do you know about American history? During February the contributions of Black Americans are recognized, but all Americans, whatever their race, can be proud of these accomplishments. See if you can answer these questions about Blacks in history. (Answers on page 6)

1. This chemist was responsible for mass production of cortizone and for developing the chemical base for foam fire extinguishers.

- a. Dr. Ralph J. Bunche
- b. Henry O. Flipper
- c. Perry L. Julian
- d. Dorie Miller

2. Improved versions of his invention, the gas inhalator, saved thousands of lives during gas attacks of World War I.

- a. Percy L. Julian
- b. Elijah McCoy
- c. Garret Morgan
- d. Andrew J. Beard

3. He was the first black American general officer.

- a. Benjamin O. Davis, Sr.
- b. Prince Hall
- c. William Thompson
- d. Henry O. Flipper

4. The Defense Department announced complete abolition of black units in the armed forces on this date.

- a. Oct. 30, 1952
- b. Oct. 30, 1942
- c. Oct. 30, 1959
- d. Oct. 30, 1954

5. This all-black unit earned 14 Medals of Honor during the Indian wars, and five more during the Spanish-American War.

- a. 102nd U.S. Colored Troops
- b. 10th Cavalry
- c. 'Harlem Hell Fighters'
- d. 761st Tank Battalion

6. She was the first black in the

regular Army Nurse Corps, in 1948.

- a. Phyllis Wheatly
 - b. Harriet Tubman
 - c. Gwendolyn Brooks
 - d. Nancy C. Leftenant
7. This black seaman was a hero during the attack on Pearl Harbor.

- a. Dorie Miller
- b. Prince Hall
- c. James Reese Europe
- d. Henry O. Flipper

8. A social scientist and diplomat, he was the first black recipient of the Nobel Peace Prize, in 1950.

- a. Dr. Martin Luther King, Jr.
- b. Langston Hughes
- c. Dr. Ralph J. Bunche
- d. Dr. Charles Drew

9. In 1947, he became the first black assistant to the Secretary of Defense.

- a. James C. Evans
- b. William Dawson
- c. B.K. Bruce
- d. Adam C. Powell

10. He was the first black astronaut trainee.

- a. A.J. Beard
- b. Edward J. Dwight, Jr.
- c. Benjamin O. Davis, Sr.
- d. William Thompson

11. In 1938, he set up one of the first blood banks in the United States. He also established the use of plasma as a substitute for whole blood and the method of preserving plasma by the freeze-dry process.

- a. Garret A. Morgan
- b. Frederick McKinley Jones
- c. Lloyd Augustus Hall
- d. Charles R. Drew

12. She served as a spy and nurse for the Union Army during the Civil War.

- a. Gwendolyn Brooks
- b. Harriet Tubman
- c. Nancy C. Leftenant
- d. Phyllis Wheatly

Answers on page 6

Branch Clinic Bangor Serves the Fleet

by HMC(SS) C.F. Evans
Northwest Ka'til

Naval Submarine Base Bangor is homeport for the Trident submarine fleet, but, the Ohio class submarines are not the only fleet units that tie up at the base. Submarines of other classes and occasional frigates, with homeports as far away as San Diego, also pull into Bangor.

When units are operating that far away from their homeports, a week in port means a lot of things to crewmembers. There are opportunities for repairs and maintenance and to schedule training at the Trident Training Facility, or to give the crew some liberty. For the Senior Medical Department Representative (SMDR) it means a chance to schedule medical appointments, physicals and perhaps get some preventative medicine surveys done.

At Branch Clinic Bangor, HMC(SS) John Gray and HMC Les Theisen are assigned as Fleet Liaison Representatives. They are the point of contact for all SMDRs who need

medical support and are a valuable link between the fleet and the various medical services provided by area clinics.

Fleet Liaison Representatives meet with each unit's SMDR and review the "Doc's" needs. Each SMDR has a unique set of problems and only a short time in port during which those problems can be solved. The Fleet Liaison Representatives review and prioritize the problems, then, since they know where and who to call for various services, aid the SMDR in clearing off his list of problems.

HMC(SS) Gray recently completed a tour of duty aboard USS Ohio and is imminently familiar with the needs of the SMDR and well prepared to meet them. HMC Theisen also recently completed a tour of duty at sea aboard USS Coronado, a tour that took him to the Indian Ocean. He too is an individual that an SMDR can trust to know the ropes.

Calendar

The Calendar is provided for input of events and activities by all medical/dental facilities in the Northwest Region. Eligible for inclusion are official command-sponsored events and activities sponsored by such groups as enlisted and officers' wives organizations, Recreation Services, Red Cross,

Navy League, Navy Relief, USO, etc. Submit input to your local Norwester reporter (a partial list of Norwester reporters and their phone numbers is on page 2. A complete list will be printed in a later issue.)

February

Black History Month

28

- Navy Supply Corps Birthday Ball, NSC Oakland, time to be announced. Cost: \$40, includes dinner, music by Navy Band San Francisco, dancing and door prizes. POC: (415) 466-4117 or 234-0211.

March

1

- Deadline for U.S. Naval Institute Vincent Astor Memorial Leadership Essay Contest. POC: (301) 268-6110.

2

- Civil Engineer Corps Birthday.

3

- Medical Corps Birthday.
- Naval Reserve established.

3-5

- Navy/Central Pacific Sports Conference Women's Bowling Tournament at the NAS Alameda Bowling Lanes, 11 a.m. POC: Jim Gass at (707) 646-3436, AV: 253-3436.

5

- Seabees birthday, 1942.

7-8

- Military Officers' Wives Seminar at NAS Alameda Officers Club, 9 a.m. to 5 p.m.; banquet at 6:30 p.m. Workshops will be conducted by experts on subjects of interest to the military wife. Register no later than Feb. 28 by calling (415) 869-4111.

14

- Navy League Symposium at NASA Main Auditorium, Ames Research Lab, NAS Moffett Field, CA. Tentative participants are: ADM Lyons, CINCPACFLT and VADM Demars, deputy CNO, Submarine Warfare. ADM Crowe, chairman JCS invited. POC: Scott Norwood, Palo Alto Navy League, (408) 867-9466.

17

- St. Patrick's Day.

17-20

- Telecommunications Systems in Government seminar in San Francisco. POC: Conference Manager, U.S. Professional Development Institute, 1620 Elton Road, Silver Springs, MD 20903. (301) 445-4400 or FTS: 445-4400.

21

- Spring arrives.

24-27

- ADM Bobby Inman lectures at UC Berkeley in the 2nd Fleet Admiral Nimitz Memorial Lecture Series.

30

- Easter.

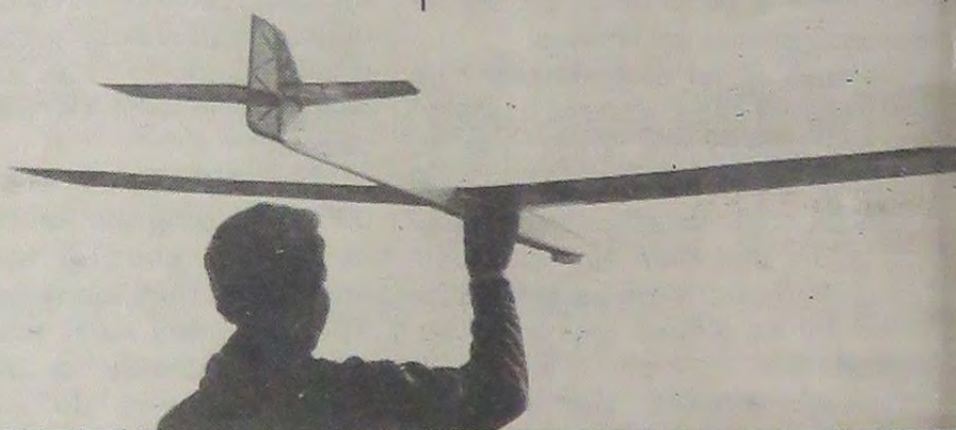
April

23

- Passover begins at sunset.

27

- Begin Daylight Savings Time; set clocks ahead one hour at 2 a.m.
- Blessing of the Pleasure Craft in Raccoon Strait, San Francisco Bay. USS California will serve as platform for clergy.



Treasure Island Reserve Medical Team is Ready to Mobilize



LCDR Mary Gwin attaches heart monitor leads on patient undergoing an annual physical examination at the Treasure Island branch clinic.

by Carole Evans and Gary Martin

Navy Reserve Units cut across the full spectrum of activities within the active duty Navy; and a key component in military life is the medical unit.

One such unit at the Treasure Island Naval and Marine Corps Reserve Center is Naval Reserve Branch Clinic Oakland, a group of people representing a wide spectrum of medical specialties.

Commanded by Reserve CAPT Nancy Fackler, Nurse Corps, the unit has 14 officers and 11 enlisted personnel. They include a medical doctor, a psychologist, a hospital administrator, a physicist, an intensive care nurse, a newborn intensive care nurse, a nursing instructor, an optician, two nurse practitioners, a laboratory manager, five lab technicians and several enlisted members who are working on bachelor degrees in various fields.

"Our people are talented and experienced," said the unit's Command Chief Petty Officer, Andrew Gillespie. "And they have the opportunity to expand their Navy experience each year when they go on their two weeks of active duty training."

"On a month-to-month basis, the unit performs a vital service for Navy Reservists. Its personnel give annual physical examinations, which are required by the Navy, including electrocardiograms, X-rays, blood tests and audio, eye and dental examinations.

LCDR Jan Gills is one of two certified nurse practitioners in the unit. One of her duties is liaison between the unit and the Treasure Island clinic.

"I ensure that services are coordinated between active duty and reserve personnel to provide complete physical examinations," she said. "I also give physical examinations to female reservists."

The unit currently has one physician and is actively recruiting for two more medical doctors, CAPT Fackler said.

One officer is a psychologist who had been active in counseling many reservists in weight control, substance abuse and in adjusting to the death of a loved one.

In addition to physical examinations, the unit does a lot of teaching. Its members teach CPR and first aid to members of various reserve units.

LCDR Mary Gwin, the unit's education coordinator, said she helps recruit speakers for the classes, which she describes as "very extensive and consisting of a full range of background and experience."

CAPT Fackler said she is proud of her unit's level of readiness. "If we're ever called on active duty to because of a national emergency, we'll be ready to blend right in with our regular Navy counterparts," she said. "After all, that's the objective of the Naval Reserve."

Gazette

Awards and Honors

Navy Commendation Medal

Br Clinic Mare Island

HMCS Michael Stewart

Letters of Commendation/Appreciation

NAVHOSP Oakland

HM2 Gregory W. Anderson
HM2 Rodney A. Raphael
HM3 Anthony W. Lee
HN Richard Renteria III
Judith Larese

NAS Moffett Field

LT Randi Lebar
LT Ron Logan
LT Richard Chesbrough

BRHOSP Adak

HM1 Mark Marcos
HN William Anderson
HM1 Brian Supalla
HM3 Janet Dixon

Promotions

NAVHOSP Oakland

ENS Scott M. Dauphinais, NC,
USNR (to LTJG)
ENS Colleen D. McLarnon, NC,
USNR (to LTJG)
HN Richard Renteria III (to HM3)

SOQ

Br Clinic Mare Island

HM2 Karen Angeli (Oct.-Dec. '85)

SOM

NAVHOSP Oakland

HM2 Shirley A. Sherland (Dec.)

Civilian Long Service Award

NAVHOSP Oakland

James Crayton
Nina Senter

Good Conduct Awards

NAVHOSP Oakland

HM2 Edward Y. Green
HM2 Juanita Q. Oliva
HM2 Renato A. Riviera

Br Clinic Mare Island

HM2 David G. Hessler
HM3 Sandra Sturms

NAS Moffett Field

HM1 Rod Early
HM3 Potenciano Rodriguez

Comings and Goings

BRHOSP Adak

HMC Robert Vidler (from
NAVHOSP Jacksonville)
HM2 Noah Albertson (from
NAVHOSP Great Lakes)
HN Heidi Taylor (from Hospital
Corps School)
HM1 Mark Marcos (to HSETC
Bethesda, MD)

Reenlistments

Br Clinic Mare Island

HM3 Agatha Brooks (4 years)

NAS Moffett Field

HN Rusty Brunell (from NAVHOSP
Bremerton)
HM3 Janet Dixon (to Little Creek,
VA)
HM3 Elbert McGonigle (to USS
O'Callan, San Diego)

BRHOSP Adak

HM1 Mark Marcos (6 years)

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**MEDICAL
CORPS
BIRTHDAY
MARCH 3**



Etc.

Eleven Years Later...from page 1

the past years and the problems that remain, but concluded, after providing vivid images of the plight of many who live in other countries under ruthlessly oppressive regimes, that "I am glad that I am an American."

LCDR Douglas Love spoke of Dr. Martin Luther King Jr. without whose tireless efforts and ultimate sacrifice, many of the advances and advantages Blacks see today might

not have ever come about.

DKSN T. Warren and a special choir made up of NAVHOSP Oakland and NAVMEDCOM NWREG personnel provided a rousing musical program which prompted LNCS Atterbury to warn the audience, "Those of you without seat belts better hang on to your seat cushions."

Weldon Miles, Civilian Personnel Office Oakland was the organizer of this year's ceremony.

Training Meeting from page 1

Training, Naval Hospital Oak Harbor, discussed representatives' concerns regarding enlistment advancement and discussed ideas and innovations among echelon 4 commands.

CDR Kate Smith, Head NAVMEDCOM NWREG Quality Assurance Department, presented a review of the latest training requirements that resulted from the recent Joint Commission on Accreditation of Hospitals (JCAH) Program on hospital accreditation standards (PHAS II). LT David Bates, Head

Contingency Operations Department (NAVMEDCOM NWREG), discussed the Navy Medical Department's SITREP-Medical Contingency training requirements.

Finally, CAPT Robert C. Moe, Training Officer, Naval Dental Clinic San Francisco, provided the audience with an opportunity to become familiar with the structure of a dental command and the unique training environment that exists when there are many small commands and Dental Technicians from three ratings.

Answers to Black history quiz

- | | |
|------------------------------|------------------------------|
| 1. c. Percy L. Julian | 7. a. Dorie Miller |
| 2. c. Garret Morgan | 8. c. Dr. Ralph J. Bunche |
| 3. a. Benjamin O. Davis, Sr. | 9. a. James C. Evans |
| 4. d. Oct. 30, 1954 | 10. b. Edward J. Dwight, Jr. |
| 5. b. 10th Cavalry | 11. d. Charles R. Drew |
| 6. d. Nancy C. Lieutenant | 12. b. Harriet Tubman |

It Could Happen to You

by Lt. Doug Gladstone
NAS Moffet Field

On a recent Saturday night here at Moffett Field, a young sailor who had just a few days earlier reported aboard his new command, was visiting with a friend at the barracks. He had only had a few mixed drinks, was feeling pretty good, and was looking forward to a bright, exciting future in his new squadron. Deciding to go downtown, he and a civilian friend left the barracks and got into his brand new car. He felt fine and was confident he could drive without any difficulty.

Heading west on Bushnell Road, he didn't notice that the movie had just let out at the Base Theater and that people were waiting at the crosswalk. Suddenly, a young child darted into the crosswalk directly ahead of him. He slammed on his brakes, the car began to skid, and the sinking feeling in the pit of his stomach worsened. As if in slow motion, he saw another figure, a man, diving into the path of his skidding car. The figure shoved the child out of the path of the oncoming vehicle, then slid headlong on the asphalt

with no time left. The car skidded to a stop a few inches from the man on the roadway. As the realization of what had just taken place began to fully dawn on the young sailor, his car door jerked open and he was being ordered out of his car by a man obviously shaken. It was the same man who had just split-seconds before been lying in the street.

The sailor surrendered his ID card on demand and the Moffett Field Police were notified. Unable to pass a field sobriety test, he was charged with DUI, handcuffed, and taken into police custody.

What had begun as an enjoyable Saturday night out for a young man with high hopes and a sparkling future abruptly turned into a nightmare and near-tragedy.

If recounting this story helps to prevent even one military man or woman from mixing alcohol and automobiles, it has served a purpose. Oh, by the way, that young child was my three year old son and that man lying in the street was me.

New Telephone System Planned for Bay Area Commands

A new telephone communications system is being planned for 14 Bay Area military commands and organizations. The new system will be known as CATS-SF, short for Consolidated Area Telephone System, San Francisco.

CATS-SF will replace the existing telephone systems now being leased at the following locations:

- Naval Supply Center, Oakland
- Point Molate (Naval Supply Center)
- Naval Air Station, Alameda
- Naval Medical Command, Northwest Region
- Naval Weapons Station, Concord
- Mare Island Naval Shipyard
- Superintendent of Ships, Hunters Point
- Western Division, Naval Facilities Engineering Command, San Bruno
- Naval Station, Treasure Island
- Naval Air Station, Moffett Field
- Naval Security Group Activities, Skaggs Island
- DOD Housing Facility, Novato
- Navy Public Works Center, San Francisco Bay (Oakland)
- Naval Civilian Personnel Office Northwest, Walnut Creek

An estimated 35,000 PBS station lines will be required upon implementation. The scheduled start date of the CATS-SF telephone system is early 1986 with a completion date of

early 1988. The Utility Dept. staff of the Navy Public Works Center, San Francisco Bay will administer the CATS-SF contract and provide management of the system.

The military activities listed above comprise the initial locations to be served by the new telephone system, however, it will be designed so as to easily add new locations without major restructuring.

The telecommunications system will be designed as a fully digital, integrated network, with complete interface for all naval facilities or users of the voice/data telephone system, and will function as a single system. It will provide a centralized administrative network under a single management concept and an automated directory service operated at Navy Public Works Center, San Francisco Bay and located at the Naval Supply Center, Oakland. The telecommunications switching system will provide de-centralized access to and from interconnecting networks, such as tie-trunks, Foreign Exchange Lines (FX), the Public Switching Network (PSN), Federal Telecommunications Service (FTS), Automatic Voice Network (AUTOVON), Wide Area Telephone Service (WATS), Other Common Carriers (OCC) and PBX lines.

USO Celebrates Its 45th Birthday This Year

USO, The United Service Organization, celebrates its 45th birthday this year. The USO was created just prior to World War II, as the civilian organization providing morale support, community contacts and recreation for millions of servicemen, who found themselves suddenly called to defend their country, and based in posts, camps and stations hundreds of miles away from family and friends.

Initially, USO was primarily recreational; however, during the last two decades, USO has developed numerous programs to meet various critical social problems among the members of the armed forces. In addition to providing a rest area for traveling members of the armed forces, USO today has evolved into a multiservice social agency involved

in family counseling, job search and referral, informal education in parenting, driver education, English as a second language, housing referrals, Veterans Hospital shows and a myriad of associated activities.

USO centers are located in 21 states, including the District of Columbia, and 11 foreign countries. There are 160 USO points of contact around the world, staffed almost entirely by volunteers.

The Bay Area USO organization operates service centers at both San Francisco and Oakland Airports, Travis Air Force Base and downtown San Francisco. These four service centers received over 202,377 service visitors in 1985. Over 60 ships carrying returning service personnel were greeted at San Francisco piers by the downtown center.

Ground Breaking for New Med Clinic at Bremerton

The Branch Medical Clinic at Puget Sound Naval Shipyard, Bremerton, is currently located in Building 445 near the McDonald Gate in downtown Bremerton, Washington. But ground has already been broken and construction begun on a \$4.3 million, two-story building that will be the new home for the clinic staff by the end of the year.

The clinic's present quarters were built approximately 40 to 50 years ago and, according to most staffers, is much too small for the clinic's expanded needs. In fact much storage space is located across the street in

another building.

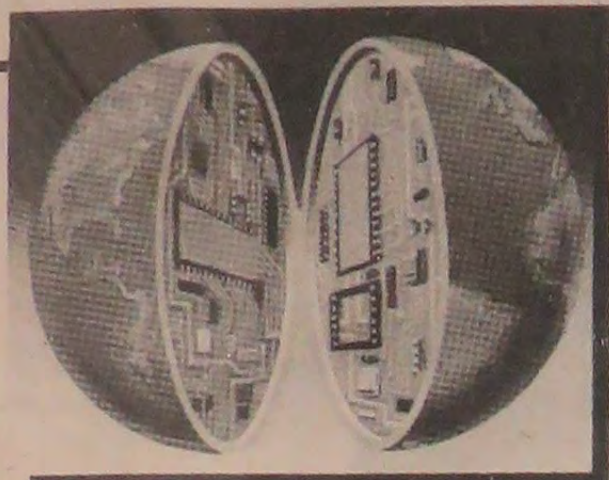
The new clinic will be located within the confines of the shipyard's controlled industrial area and will house the Branch Medical Clinic staff and the shipyard's Radiation Health Division. Working space will be tripled and provisions have been made for a rooftop parking lot.

The building isn't the only thing new for the staff of the clinic. It was only recently that the Branch clinic received its own Unit Identification Code and personnel are now ordered directly into the clinic.

Northwest Ka'il

March 7, 1986

Etc.



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Sports



NAVMEDCOM NWREG Sports Schedule

Jun. 16-21—Tennis: 5 p.m., Men's Jr. Vet., Senior and Women's Championships, NAVHOSP Oakland

Jun. 20-22—Slow Pitch Softball: TBA, Women's Championships, NAVSTA Treasure Island

Jun. 26-29—Slow Pitch Softball: TBA, Men's Championships, NAVSTA Mare Island

Jun. 28—Sailing: 9 a.m., Championships, NAS Alameda

Jul. 12—Pistol: 8 a.m., Championships, NAS Alameda

Jul. 26-27—Chess: 9 a.m., Championships, NWS, Concord.

Mar. 20-23—Racquetball: 9 a.m.,

Men's Open Championships, NAS Alameda

Mar. 20-23—Racquetball: 9 a.m., Men's Senior/Women's Championships, NAVSTA Mare Island.

Apr. 1—Slow Pitch Softball: 5 p.m., Men/Women's League

Apr. 5—Track/Field: Noon, Men/Women's Championships, NAS Lemoore

Apr. 14—Golf: TBA, League
 May 1-4—Soccer: TBA, Championships, NAS Alameda

Jun. 9-14—Tennis: 9 a.m., Men's Open Championships, NAVHOSP Oakland

The Nightingales of the Sea



AXC C.A. Wolff retired from active duty six years ago after more than 30 years of service. Since then he has been a regular contributor to military newspapers, writing about various subjects from travel to Halley's comet. Chief Wolff was recently honored when the National Air and Space Museum in Washington, DC accepted an article he had written about Baron Edward von Richtofen, the WWI flying ace "Red Baron," for inclusion in its archives.

The following is a list of U.S. Navy hospital ships. In future issues of the Nor'wester, Chief Wolff will provide brief histories of a number of these ships.

U.S. Navy Hospital Ships

Name	Type & No.	Date Commissioned	Designed Date	Tons Displ.
Intrepid	ketch	1 Jun 1804	?	45
Ben Morgan	steamer	late 1861	30 Nov. 1865	407
Red Rover	side-wheel	26 Dec 1862	29 Nov 1865	786
Home	steamer	21 Aug 1863	24 Aug 1865	725
Idaho	sail	3 Oct 1867	31 Dec 1873	?
Relief No. 2	storeship	6 Feb 1908	10 Jun 1910	3,300
Relief No. 5	AH-1	28 Dec 1920	11 Jun 1946	11,350
Solace	AH-2	19 Apr 1898	20 Jul 1921	5,700
Comfort	AH-3	18 May 1918	5 Aug 1921	10,102
Mercy	AH-4	24 Jan 1918	23 Mar 1934	10,112
Solace	AH-5	9 Aug 1941	27 Mar 1946	8,900
Comfort	AH-6	5 May 1944	19 Apr 1946	11,250
Hope	AH-7	15 Aug 1944	9 May 1946	11,250
Mercy	AH-8	7 Aug 1944	17 May 1946	11,250
Bountiful	AH-9	23 Mar 1944	13 Sep 1946	11,250
Samaritan	AH-10	1 Mar 1944	25 Jun 1946	12,275
Refuge	AH-11	24 Feb 1944	2 Apr 1946	16,800
Haven	AH-12	5 May 1945	1 Jul 1947	15,400
Benevolence	AH-13	12 May 1945	25 Aug 1947	15,400
Tranquility	AH-14	24 Apr 1945	26 Jul 1946	15,400
Consolation	AH-15	22 May 1946	30 Dec 1955	15,400
Repose	AH-16	26 May 1945	19 Jan 1950	15,400
		28 Oct 1950	21 Dec 1954	
Sanctuary	AH-17	16 Oct. 1965		
Rescue	AH-18	20 Jun 1945	15 Aug 1946	15,400
		17 May 1941	29 Apr 1946	7,800

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Classifieds

Classified ads are free to all military personnel and civilian employees of NAVMEDCOM NWREG. All classified ads must be received by 3 p.m. Wednesday the week prior to publication. Send your ad to: Editor, Nor'wester, NAVMEDCOM NWREG, PAO, Oakland, CA 94627-5025. No phone orders accepted.

EMPLOYMENT: Looking for work? Register in the Job Search Program for military spouses, dependents and soon-to-be discharged. The USO has job vacancy lists from over 30 Bay Area employers and a Hotline phone list with recordings of jobs available. Contact Ruth Ann Dorsey, S.F. USO, 1107 Mission St., (415) 552-2436 Tues, Wed. & Thurs.

GOVERNMENT WORKERS 171's targeted to the position you want. Get the promotions. Call Resume Service. (415) 471-4467 days/evenings.

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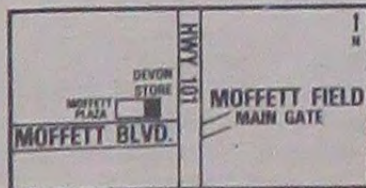
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A newspaper for the Naval Medical Command Northwest Region

Nor'wester

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of the Year**

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News**

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Around the
Region**

Page 7

**Halley's Comet—
Once in a
Lifetime**

Varner Selected Northwest Region Sailor of Year

DTI Carol L. Varner, currently assigned to the branch dental clinic at the Naval Postgraduate School in Monterey, CA was named NAVMEDCOM NWREG Sailor of the Year in ceremonies last Friday at NAVMEDCOM NWREG headquarters.

Varner's path to SOY is strewn with awards and honors from her various duty stations and from the civilian sector. "DTI Varner has excelled in everything she does—professionally, civically, academically and athletically," said RADM Q.E. Crews, commander, NAVMEDCOM NWREG, "she is an artisan when it comes to constructing dental appliances. Her concern for her shipmates, her selfless devotion to duty and the help she has given to the members of her community have earned her respect, admiration and now recognition."

DTI Varner is Leading Petty Officer (LPO) at the Monterey Branch Dental Clinic according to CAPT W.E. Knehans, commanding officer, Naval Dental Clinic San Francisco. She has been known to work 225 hours a week and 36 hours straight through when necessary. Among her many duties are organizing administrative functions, supply operations, and reorientation of enlisted personnel. She is also an advanced lab technician specializing in dental prothetics. Varner fabricates all the gold, porcelain crowns and bridges, dentures and processed acrylic for removable partial dentures for the Naval Postgraduate School and tenant commands. Other collateral duties are: Duty Watchstander, Patient Contact Representative, Enlisted Training Petty Officer, PASS Liaison Representative, civilian time card coordinator, Enlisted Advisor, Branch Career Counselor, Energy Conservation Manager, Welfare and Recreation Representative, Enlisted Mess Advisor, Branch Substance Abuse Coordinator and Human Relations Council representative.

Varner donated \$500 from her



DTI Carol L. Varner-NAVMEDCOM NWREG Sailor of the Year for 1986 was honored during recent ceremonies at NAVMEDCOM NWREG headquarters in Oakland.

own funds to help upgrade and redecorate the branch dental clinic and she personally painted and decorated seven rooms totalling 8,769 square feet—all on off-duty hours.

Still she has found time to become involved in a number of community activities: she is past vice-president and currently a member of the board of directors of the Monterey Fleet Reserve Association; she is a member of the Naval Postgraduate School color guard; she collects and distributes used magazines for the Silas B. Hays Army Hospital; she coordinates and prepares lectures for a local Brownie

troop enabling the children to receive their "dental patch"; she has donated time to both a Japanese orphanage and leprosarium.

DTI Varner is also a Navy expert in small arms. During her naval career she has completed 55 college-level educational courses.

"We had eight excellent sailors to choose from," said RADM Crews, "All eight embodied those qualities considered when selecting a Sailor of the Year—sustained superior performance in rate, leadership, military bearing, academic achievement and civic involvement. The decision was not easy, and after very careful con-

sideration and analysis of all factors, DTI Varner was selected."

Nor'wester will publish a close-up of DTI Varner in an upcoming issue. See "The Other Winners" below.

Other Winners

The competition for NAVMEDCOM NWREG 1986 Sailor of the Year was intense, ending with the selection of DTI Carol T. Varner as SOY. An almost insurmountable job faced this year's selection board—each candidate's qualifications for the award were so outstanding. The Northwest Region has green pastures when searching for excellent sailors as the brief biographies of the other "winners" in the competition show:



HM2 Donna Lynn Fabrao, NAVHOSP Lemoore: HM2 Fabrao is the recipient of a number of Navy and civilian awards including the Navy Achievement Medal and a commendation for her assistance during the local Special Olympics (an athletic competition for handicapped children). "[She] has proven to be a consistently superior performer with unfathomed potential. [She is] multitasking, level-headed, loyal and unquestionably reliable."

HM2 Fabrao is currently Leading Petty Officer (LPO) of the Outpatient Department after having long served as Operating Room LPO. In addition to her normal duties, which were car-

please see page 6

Op/Ed

From the Commander's Desk



RADM R.E. Crews

Not until the civil war years did it become common practice to refer to physicians in the Navy as members of the Medical Corps.

Although the Medical Corps is as old as the nation it serves, the first legislative reference to the title did not appear until the Appropriations Act of 3 March 1871. This act, among other provisions, established relative rank for members of the Medical Corps.

By 1900, some radical changes and innovations had been proposed, but not implemented. In the 15 years that followed, the Medical Department saw many of these changes take place: remodeling of existing naval hospitals, construction of new hospitals, improvement of medical facilities aboard ship, establishment of a basic school for instruction of Hospital Corpsmen, provision for facilities treating patients with tuberculosis, and the development of specialties in medicine and surgery.

During the rest of this century the demands of the Medical Corps, the Medical Service Corps, the Nurse and Dental Corps and Hospital Corpsmen will increase without respite. Over the years, the members of each of these organizations have risen valiantly to the call.

March 3rd we recognized the birthday of the Navy Medical Corps. The record of the men and women of the Medical Corps has been superb over the past 115 years and I have no reason to doubt that will continue to be the case. The number of pro-

gressive leaders who have emerged from the ranks of the Medical Corps is remarkable. Over the years, through two major wars and several lesser wars, the Medical Corps has advanced on equal or better terms with the progress of medicine—and in many areas, on the cutting edge.

Each of you has added to the luster of the Medical Corps' fine tradition of service and care to the men and women of the Navy and Marine Corps. Your constant striving toward better health—not only for Navy and Marine Corps personnel, but for dependents and retirees as well—has spanned every field and specialty of medical practice.

I am both delighted and proud to honor the Medical Corps on the celebration of 115 years of health care and defense of the nation.

A Message from RADM Cassells

Long before the Medical Corps was formally established on March 3, 1871, physicians served the Navy of wood and sail with great distinction. In the past 115 years Navy medical officers have continued to practice their noble art in naval hospitals, aboard ship, on naval expeditions of discovery, and in scientific laboratories where their contributions have benefited all mankind. They continue to do so with skill and often with great personal and financial sacrifice.

The legacy of the Medical Corps is timeless and cannot be diminished by hard times and austerity. I have every confidence that you will continue your record of exemplary service through a future that brings us both increased responsibilities and new challenges. My best wishes for a very happy 115th birthday.

RADM Cassells

Noted With Interest

Reyes Syndrome

Because it is flu and chicken pox season it is important to be aware of Reye's Syndrome. Reye's Syndrome is a disease affecting many body organs—primarily the brain and liver. It can result in changes in behavior and the function of the liver. It is primarily a disease affecting children. It usually occurs during the time it appears a child is recovering from flu or chicken pox.

Symptoms include recurrent vomiting, progressive listlessness and disorientation. Although Reye's Syndrome is not completely understood, its occurrence appears to be associated with the use of aspirin and products containing aspirin. Experts are therefore recommen-

Noted With Interest

ding against the use of aspirin to treat the fever and pain associated with flu or chicken pox. Older children and teenagers should be

warned against using aspirin to treat these symptoms since they are apt to treat themselves.

New Self-Study Catalog Available

The Naval Postgraduate School (NPS) has recently published and distributed the 1986-1987 Catalog of Self-Study Credit Courses. This updated catalog provides course descriptions of the nearly 100 correspondence courses available through the Office of Continuing Education at NPS, together with full details of the self-study program.

These self-study courses are available to active duty officers of all military services and are designed to be completed at the individual's own pace while serving at his or her present duty station. Thousands of officers have made use of this unique opportunity for self-improvement and academic development. Successful completion of selected courses can improve an officer's Academic Profile Code, thereby enhancing his or her opportunity for selection to a service-sponsored graduate education

program. Except for the cost of commercial textbooks, no fees are charged for the courses, and no obligated service commitment is incurred.

It is possible to transfer academic credit for completed self-study courses to civilian universities. Those intending to transfer credit should check with the receiving institution to ensure acceptability before taking courses through the NPS self-study program.

The new Self-Study Catalog is available at Navy Campus and Educational Services offices throughout the Navy and Marine Corps. A copy may also be obtained by contacting the Office of Continuing Education (Code 011), Naval Postgraduate School, Monterey, CA 93943-5100 (Autovon 878-2558 or Commercial (408) 646-2558).

'Coping With Sight Loss' Handbook

Coping with Sight Loss in Northern California is a large print 51-page handbook that describes how the eye sees, and lists common problems affecting vision and sight loss in adults and children. A cross section of the eye is shown. The resources for financial assistance and the many agencies set up to help are described and listed by county and location.

Coping with Sight Loss in Nor-

thern California has been published by the Northern California Society to Prevent Blindness and the Sight Conservation Research Center.

For a free copy of *Coping with Sight Loss in Northern California*, please send \$1.00 to cover mailing costs to: "Coping," Northern California Society to Prevent Blindness, P.O. Box 18042, San Francisco, CA 94118.

Naval Aviation Essay Contest

The United States Naval Institute is honoring the 75th anniversary of Naval Aviation with a special essay contest. Entries can cover practically any aspect of the broad-based topic, "Naval Aviation Today and in the Future."

Cash prizes of \$1,000, \$750 and \$500 will be awarded to the authors of the three winning entries, which will be published in a special naval aviation issue of *Proceedings*, the Naval Institute's monthly magazine with a circulation of more than 100,000.

Each entry for this special essay contest must follow these simple rules:

- Articles must be original and no longer than 4,000 words.

- All entries should be directed to: Editor-in-Chief, USNI *Proceedings* (Naval Aviation), U.S. Naval Institute, Annapolis, MD 21402.

- Entries must be received at the above address on or before May 1, 1986.

- Entries must be typewritten, double-spaced, on 8½x11" paper.

The entries will be judged by the Editorial Board of the U.S. Naval Institute.

Anyone can enter—with multiple entries, if desired.

"No matter how old a mother is, she watches her middle-aged children for signs of improvement."

—Florida Scott-Maxwell, psychologist

"You can learn many things from children. How much patience you have, for instance."

—Franklin P. Jones, educator and author

Nor'wester

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News

Surgeon Backs Up Talk With Action

"A lot of people take cheap shots at military doctors and they don't deserve it," says Dr. Donald Trunke, Chief of Surgery at San Francisco General Hospital and vice chairman of the department of surgery, University of California Medical School, San Francisco. "Military medicine is actually very good."

A variety of factors have brought Dr. Trunke to this opinion and to his decision to seek and obtain an Army Reserve commission as a major. He has long been associated as a civilian consultant with Letterman Army Medical Center (LAMC) in San Francisco and says that "Over the years it struck me (that) the military is really experiencing a major shortage of doctors as well as professionals. It's a volatile world out there. I'd hate to see a sudden state of emergency where there's inadequate medical support for our armed forces."

Dr. Trunke will serve with the Army's new Medical Detachment (MEDDET) program. According to a program spokesman, the key part of the program is flexibility to attract medical professors, residents and interns in critical skills or specialty areas. The reserve MEDDET physician is officially a member of a hospital detachment, but may do 16 hours a month at his or her university or affiliated hospital. Typically the service is "non hands-on" care in-

cluding lecturing, overseeing research and reviewing literature.

Dr. Trunke has some proposals for dealing with personnel shortages in military medicine: "It takes about \$100,000 to educate a medical student. I envision everyone who attends a publicly supported medical school doing two years in the military or public health service upon graduation."

He also believes that the draft should be resumed for doctors. Trunke was himself drafted in 1964 and served for two years as a medical officer in Germany.

Trunke's positions, professorships, committee involvements and affiliations with private and public organizations (including NASA and the National Academy of Sciences) takes pages to list. Add to that five books, dozens of articles, abstracts and editorials and the result in a magazine-size resume.

Dr. (COL) Paul McDonald, LAMC Chief of General Surgery Service states, "he is one of the most prominent surgeons in the world, and I think he's a very important asset for LAMC."

Trunke says of his decision, "I'm more than happy to provide to the military what few talents I may have."

- Excerpted from LAMC Fog Horn

O.P.D. personnel are Historians

This is the first of a series of articles highlighting various departmental "corners" and staff that make Naval Hospital Bremerton so great:

Rarely do we think of HMCS Word and his staff as historians, but that is precisely what they are. They are the keepers of records; the chronological histories of the 37-40,000 patients that NHB serves. This is a vital service. Long after we have all moved on, the documentation of what has been done is left behind.

Each outpatient record is an account of patient encounters with our hospital; visits, phone calls, diagnostic testing, referrals and consultations and summaries of inpatient visits and surgeries. Nothing should ever be deleted from the record. Medical Records staff will add another volume when necessary.

Located on the second deck, Medical Records performs a variety of services for our beneficiaries. In addition to sorting and filing thousands of charts and records each week, they will initiate records transfers from other facilities; send records on to new locations; provide copies of charts for referral appoint-

ments, travel information and outside institutions; search for missing and misfiled records; verify DEERS enrollment; track addresses and Social Security numbers on thousands of people; retrieve charts for clinics, providers and patients; maintain inpatient records; and a host of other functions. The majority of these services are between 0730-1600 but the department is manned 24 hours to provide emergency access and record filing.

Records are filed according to the last four digits of the sponsor's SSN. The chart cover colors vary according to the last two digits; thus 70s are brown, 80s are pink, etc. Because of space, NHB only keeps inactive records for two years after which time they are "retired" to New Orleans. People leaving the area or no longer eligible through age or divorce comprise the bulk of these records.

Although they have a gigantic task, they do it well. Their job is occasionally tedious and too often unappreciated. Consider how important these historians are to each one of us and pass on a hearty Bravo Zulu at your next encounter with the Medical records Staff.

Northwest Ka'til

Children's Dental Health Week



DT3 Darold Slack explains proper oral hygiene.

NAVMEDCOM NWREG Dental facilities all around the region participated in Children's Dental Health Week. The following are reports Nor'wester has received from various commands:

Bremerton, Washington

In support of the 1986 National Children's Dental Health Month, sponsored by the American Dental Association, Naval Dental Clinic, Bremerton, conducted a preventive dentistry program for eligible dependent children.

Under the supervision of the Preventive Dentistry Coordinator, Naval Dental Clinic, Bremerton, dental prevention programs were provided at the Dental Clinic, Bremerton, as well as Jackson Park Elementary School adjacent to the Navy's housing area.

On 1 February, dental officers and enlisted personnel from the Bremerton Clinic joined efforts with dental personnel from various reserve elements of Naval Reserve Readiness Command, Region 22, headquartered in Seattle.

Exams, prophylaxis and topical fluoride applications were provided for 178 dependent children, ages 3-18.

The cooperation in planning and executing this highly successful program was yet another example of how active duty and reservists interact for mutual benefit.

On 25-27 February, Dental Corps personnel visited Jackson Park Elementary School.

Approximately 450 students brought signed permission slips from their parents. These students received examinations, plaque control information and topical fluoride applications. A report of the results of the examination, signed by a dental officer, was sent to each student's parents.

The purpose of this program was to further educate children on the importance of preventive dentistry. The Dental Clinic, Bremerton, would like to extend a special thanks to all personnel for their efforts in making this a successful program.

LT CY. Llodra

Treasure Island, Calif

Under the direction of CAPT Robert Moe, Preventive Dentistry Consultant for Naval Dental Clinic

San Francisco at Treasure Island, an estimated 125 students visited each day, resulting in more than 1000 examinations and treatments at Treasure Island and more than 4000 in the local dental command.

"The Navy has always been a strong supporter of the Children's Dental Health Month program," said CAPT Moe.

"We have 10 branch clinics in the San Francisco Dental community and each facility is observing the occasion with its own distinctive operations," he said.

At Treasure Island, individual classes visit the clinic via a short walk from nearby T.I. school. They initially are shown animated films which have a positive dental health message. These films offer entertainment and help to erase tensions usually associated with trips to the dentist. After the films have been viewed, each student is given an exam by Dr. Dennis Langwith, a reserve officer who is a practicing children's dentist in Des Moines, Iowa. Students are then given proper instructions in the brushing of teeth followed by a topical application of fluoride.

"Many of the children we are seeing this year have been involved in the dental health program in years past," said CAPT Moe.

CAPT Moe stressed that the local success of the Treasure Island program is due largely to the excellent support provided by Naval Dental Clinic San Francisco Reserve Unit 216 from Des Moines. Each year the reserve unit coordinates its two week drilling cycle with that of the branch clinic's dental program. CAPT Moe noted that the cooperation and support of the T.I. school principal, John Whisman, and school nurse, Ms. Polly Birtwistle, are other key factors in the success of the dental program.

"Each year the children we see seem healthier. In a dental sense, we attribute this to fluoridated water and the positive attitude parents have toward good dental care," said CAPT Moe.

"We are greatly enjoying the services we're providing to the students this year, and look forward to providing that same care not only during next year's program, but throughout the remainder of 1986," he added.

Navy League, Navy Relief, USO, etc. Submit input to your local Nor'wester reporter (a partial list of Nor'wester reporters and their phone numbers is on page 2. A complete list will be printed in a later issue.)

- Congress establishes the Navy Department in 1798.

*Some restrictions apply. Fare available through 5/31/88.

Gazette

Awards and Honors

Due to the enthusiastic response to this section, Nor'wester will no longer be able to list those receiving Good Conduct Awards or personnel comings and goings.

Meritorious Service Medal

NAVHOSP Bremerton

CAPT P. Sandri, MC (ret.)

Navy Achievement Medal

NAVHOSP Oak Harbor

HM1 Alan Kuttner
HM1 Lorraine Sheltry

NAVHOSP Bremerton

LT Robert K. Frisk

Letters of

Commendation/Appreciation

NAVHOSP Oak Harbor

HM2 Richard Mechtly
HM1 John Parkhurst
HM2 Hugh Buehler
HM2 John Chamness
LT Richard L. Spinks, NC

NAVHOSP Bremerton

CDR M.E. Cornell, MC

NDC Bremerton

DT2 Dave LaForest
DT2 Kristopher J. Whitman
DT2 William C. Parris
DT2 Kathy D. Coulter
DT3 Karen S. Garner
DT3 Darold A. Slack
DTC Garret H. Weiss

NBDC Bangor

DTC Joyce Delossantos
DT1 Karen L. Weiss
DT3 Ralph Ornelas

NBDC Whitbey Island

CAPT Richard D. Prince
CDR Lewis E. Gant

NBDC Idaho Falls

CAPT Ronald T. Nelson
DT1 Fernando T. Ramos

Civilian of the Quarter

NAVHOSP Bremerton

Joan Robnett

Promotions

NAVHOSP Bremerton

To HM1	F. Walkley
C. Giles	L. Weddle
G. Hinkle	NDC Bremerton
C. Sanchez	To DTC
To HM2	Ronnie D. Hise
R. Garcia	James S. Evans
D. Hossler	Joyce E. Delossantos
O. McGahee	Jerilyn L. Jean
J. Scarborough	To DT1
K. Stephans	Jeffery T. Bates
To HM3	Karen L. Weiss
J. Ard	To DT2
P. Beacom	Julien Oviedo
T. Brown	To DT3
G. Campbell	Karen S. Garner
P. Casey	Darold A. Slack
R. Elder	NBC Moffett Field
R. Greene	TO HM3
A. Hardiman	Renato Tapiz
C. Husing	Rosemary Hughley
A. Jiminez	Kenneth Bellone
R. Osborne	Lisa Lonchor
G. Powell	Donald Dearwester
R. Ross	Roxanne Cecot

SOY

NAVMEDCOM NWREG

DT1 Carol Varner

NAVHOSP Bremerton

HM1 Robert Finley (senior)
HN Theresa Bonham (junior)

NAVHOSP Lemoore

HM2 Donna Fabrao

NAVHOSP Oakland

HM1 Kathleen Friedman

NAVHOSP Oak Harbor

HM1 John Parkhurst

NDC Bremerton

DT1 Fernando Ramos

DENCLINIC Monterey

DT1 Carol Varner

SOQ

NAVHOSP Bremerton

HM2 Robin Whitlach (senior)
HM3 Christopher Husing (junior)

NAVHOSP Oak Harbor

HM1 John Parkhurst (senior)
HN Lisa Medlin (junior)

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Etc.

The Other Winners continued from page 1

ried out superbly, Fabrao took on additional responsibilities which included revamping the OR supply system allowing the OR to run more efficiently and cost-effectively. She also wrote and implemented sections of the Hospital's Policy and Procedures Manual relating to minor surgery, Central Sterilizing Room (CSR) and Operating Room.

HM2 Fabrao lives aboard NAS Lemoore with her husband Donald and son Donny.



HM1 Robert L. Finley, NAVHOSP Bremerton, WA: "Dynamic, forceful yet highly protective of and caring for his people," said NAVHOSP Bremerton Commanding Officer, CAPT J.W. Winebright, "one of the most dedicated leaders I have known."

HM1 Finley serves NAVHOSP Bremerton as LPO and Head Ancillary Services Section at Puget Sound Naval Shipyard (PSNSY) Branch Medical Clinic. He developed a 24-hour ambulance service for the shipyard while acting as operations manager of the branch clinic and supervising some 30 military and civilian employees. Additional duties included: augment member of Surgical Support Team Eleven, leading and training junior personnel in contingency operational training. He also acted as blood donor liaison for shipyard blood drives while volunteering his services as an emergency medical technician at a local Boy Scout camp. He still found time to complete 59 hours of college level work.

Among Finley's many awards are the Navy Achievement Medal, the Navy Expeditionary Medal, the Meritorious Unit Citation (for service in support of the U.S. peacekeeping forces in Lebanon) and many letters of commendation and appreciation.

HM1 Finley began a civilian career as a radio broadcaster but chose the Navy permanently. He used his past experience when asked to be a commentator for the Navy TV program "What's Happening." He is married to Sheryl Marie Finley.



HM1 Kathleen E. Friedman, NAVHOSP Oakland: Command Career Counselor for NAVHOSP Oakland, HM1 Friedman is also on the Command Retention Team, acts as liaison with NMPC detailers and counsels not only NAVHOSP Oakland personnel but also corpsmen assigned to San Francisco Bay area branch medical/dental facilities and ships.

"HM1 Friedman's continued stellar performance, exemplary dress and behavior have established her as a highly visible professional and a role model for all," said CAPT J.P. Smyth, commanding officer of NAVHOSP Oakland, "her genuine concern for her shipmates is well documented by the vast improvements made within the Enlisted Recognition Programs...as well as increasing retention rates and overall morale of our enlisted community."

Her many awards include: the Navy Achievement Medal, many letters of commendation and appreciation (from both the Navy and civilian organizations) and she has been nominated as Sailor of the Quarter at least once at every command to which she has been assigned. She is a community volunteer and a member of the PTA. She is married to Hal R. Friedman and has one daughter, Desiree Melissa.



HM1 John E. Parkhurst, NAVHOSP Oak Harbor, WA: LPO, Fiscal/Material Management Department, HM1 Parkhurst "is a superlative performer and achiever... an exceptional technician... superior

sailor, mature leader and model sailor."

In addition, Parkhurst is the Senior Bio-Medical Repair Technician for his command and has demonstrated "crucial and expeditious" command of the difficult skills of his trade.

"HM1 Parkhurst was the stabilizing factor in maintaining consistency within (his) department (which) underwent a complete relocation of working spaces and a major turnover of personnel including the department head," said CDR J.L. Peterson, acting commanding officer of NAVHOSP Oak Harbor. The relocation was made even more difficult by the necessity that highly complex equipment had to be moved and re-installed and HM1 Parkhurst's efforts were instrumental in insuring that the move was made without a hitch.

HM1 Parkhurst is married to Laura Joan (Blix) Parkhurst and has two children, Colin and Sarah.



DT1 Fernando Tolentino Ramos, NDC Bremerton, WA: As LPO, Branch Dental Clinic, Idaho Falls, ID, HM1 Ramos "consistently displayed superb skill in administering and coordinating the operation of a busy dental facility," CAPT B.M. Mason, commanding officer of Naval Dental Clinic Bremerton said of Ramos, "(he) ensured that all dental patients were courteously treated and provided with the highest level of dental health support services."

DT1 Ramos completely reorganized the administrative and operational aspects of the Idaho Falls clinic, increasing productivity and efficiency. He devoted many off-duty hours to help with remodeling projects.

Among his awards are The Armed Forces Expeditionary Medal, the Sea Service Deployment Ribbon, the Battle "E" Ribbon and the selection as both Sailor of the Year and Quarter at NDC Bremerton.

During the past year, DT1 Ramos thoroughly reviewed all clinic files and records, administrative and supply procedures correcting inadequacies wherever found. He has initiated changes that allow the clinic to provide even better service to beneficiaries. He also served as com-

mand Enlisted Advisor, Career Counselor, Pass Liaison representative and Substance Abuse Counselor. His off-duty activities include Scouting Coordinator for a local Boy Scout troop, Team captain of local bowling league, member of PTA, a volunteer for local dental and Administrative officer for local Sea Cadet Corps.

DT1 Ramos is married to Reyes (Ebitner) Ramos and has three children, Fidel, Dennis and Renee.



HM2 Victor Rodgers, NMC Seattle, WA: "Petty Officer Rodgers demonstrates those traits of character and performance which all a senior could ask for in a subordinate," said CAPT F.L. Windham, Commanding Officer at Naval Medical Clinic Seattle, "intelligence, resourcefulness, extreme dedication and unwavering loyalty to his shipmates."

HM2 Rodgers is Training and Education Petty Officer for his command. He has invested many on and off-duty hours tutoring and providing encouragement to enlisted staff members. He devised an education and training questionnaire that was the foundation for a revision of training class material. He was also instrumental in the research, development and implementation of a working manual to be used as clinical reference and an up-to-date study syllabus for advancement. He also reorganized the command's medical library as well as cross-training other departments and gaining certification in various clinical specialties.

"(HM1 Rodgers) has been instrumental in promoting and maintaining a high degree of morale within the command as a result of his inspirational leadership, personal examples of sustained motivation and physical fitness," said CAPT Windham, "he reflects the very essence of 'Pride and Professionalism' and is a standard for his peers to emulate."

HM1 Rodgers is married to Jacqueline (Wallace) Rodgers and has two children: Victor and Jacqueline.

March 14, 1986

Etc.

Halley's Comet— Once in a Lifetime

By C.A. Wolff

Unless you are planning to wait for the next show in AD 2062, now is the time to try to catch a glimpse of the object that has awed and terrified mankind for thousands of years—Halley's Comet.

The first recorded sighting of Halley's was in 240BC. The comet has reappeared at intervals of 76.1 years. In the past Halley's has put on a much livelier show. In fact it has been so bright during some visits that it could even be seen during the day. Comets are at their brightest after they swing around the sun and begin the long journey back into deep space. At this point they have formed a long tail, stretched and scattered by solar gravity and winds.

Reports sent back by the Pioneer Venus probe have indicated to scientists that the comet is now flying through space popping like popcorn and sending six to seven million tons of ice, gas and debris flying away from the comet's head each day.

Since this is the last chance most but the very young will have to see the comet, the Nor'wester asked AXC C.A. Wolff (ret), who has become somewhat of an expert on the comet, (Chief Wolff has been asked by a local cruise ship company to act as the onboard expert during a "comet cruise") to give our readers some hints in viewing Halley's Comet.—Ed.

Unfortunately for those persons living in the more northern latitudes, viewing Halley's comet will be limited. The best locations in the West are in southern California and Arizona. But, we can see the comet with a little effort. As of today Halley's comet will rise over the horizon at 4 a.m. It will be located near the constellation of Capricorn about eight degrees above the horizon in a SSE direction. A little trick to measure 18 degrees is to hold your right hand at arms length in front of your eyes, fingers outstretched but touching and palm toward your face. Place your left hand in the same position on top of your outstretched right hand. Line up the bottom of the right hand with the horizon and the top of your left hand will be at

about eighteen degrees above the horizon.

If the comet decides to put on a good show, and that's the rub -- it's still difficult to determine just how bright Halley's comet will be -- viewing with binoculars will be your best bet. If the comet becomes very bright you may be able to see it without aids. In any case, it will almost surely be necessary to find a remote (far away from the city lights) site with a clear view to the south and southeast. A possible site in the San Francisco Bay Area is on Interstate Highway 5 near the Altamont pass. There are rest stops and viewing areas where vehicles can be pulled safely off the road and there are few city lights to interfere with viewing of the comet.

If you live farther north, viewing becomes more difficult because the comet will not rise as far above the horizon. But, if you want to try, Mt. Rainier may be your best bet. At this location your best viewing dates are March 19 through 21 about one and a half hours before sunrise. Using the method described above but with only six fingers will put your line of sight approximately 9 degrees above the horizon. You should be looking in a southeasterly direction. The nearest bright stars (a star chart might be a useful purchase and will continue to be useful long after Halley's heads back into deep space) are Alpha and Beta Capricorn at approximately 113 degrees zenith 20 degrees (average).

At all viewing sites binoculars will help in discerning the comet's plasma tail. A telescope may provide a better view but even that isn't guaranteed.

You may ask why we are having so much trouble seeing a comet known for its bright appearances in the past. The reason is that Halley's is making one of the rare appearances that puts it on the other side of our sun and its luminescence is dimmed only because of its location with respect to the Earth. On Venus you would have a wonderful, but uncomfortable view of Halley's.

Sports



Basketball Championship Set

The Department of the Navy has officially announced the selection of Naval Station Mare Island, Vallejo, California as the tournament site for the 1986 Men's Armed Forces Basketball Championship. The tournament is a four team competition which will be played using the double elimination method. The four teams involved represent the best worldwide teams from the U.S. Army, U.S. Navy, U.S. Marine Corps and the U.S. Air Force.

Terry Dishinger (Army)	Detroit Pistons (NBA)
Mike Silliman (Army)	U.S. Olympic Team 1968
Bunk Adams (Army)	U.S. Olympic Team 1964
Eddie Smallwood (Army)	Harlem Globetrotters
Pat Foley (Navy)	Pan American Games
Garfield Heard (Army)	Virginia Squires (ABA) &
Darnell Hillman (Army)	Phoenix Suns (NBA)
Charles Hightower (Air Force)	Phoenix Suns (NBA)

Olympic Trials 1984 (last cut)

for a playoff.

If you are interested in covering any of the games, call (707) 646-4125 or Debbie Franz at (707) 646-4465.

Hospital Ships Named 'Relief'

By C.A. Wolff

There were two hospital ships bearing that name, the first was commissioned in 1908 a converted storeship with 95 beds. President Teddy Roosevelt desired that a hospital ship accompany the 'Great White Fleet' in its around the world voyage in 1908. That was a wise decision as the staff provided medical care and treatment for more than 14,000 Officers and enlisted personnel. After a typhoon in late 1908 she remained in Philippine waters as a base hospital at Olongapo until decommissioned in 1910.

Commissioned in 1920 the 500 bed hospital ship RELIEF (AH-1) was the first ship designed and built from the keel up as a hospital ship. She was assigned to the Atlantic Fleet, 1921-1923 and transferred to the Pacific Fleet for service until 1941 when she returned to the Atlantic Fleet.

RELIEF served in Casco Bay,

Maine providing health needs for the new men training to man the new Navy fighting ships and victims of war in the Atlantic. In mid 1943 she sailed for the South Pacific. She served battle casualties in the Solomon Is., Gilbert's and Marshall's. She was the only hospital ship in Majuro Atoll where she served all of the officers and men of the 5th Fleet. From March to June, 1944 she admitted 1,329 battle casualties.

The RELIEF (A-H1) painted white with a Red Cross was attacked by enemy bombers on April 1, 1944. The bombs fell several yards wide fortunately. By the time war service ended in Dec., 1945, she had steamed the equivalent of four times around the world and evacuated nearly 10,000 fighting men as patients from scenes of combat. She was decommissioned June 11, 1946 and rates five battle stars for WWII.

Classifieds

Classified ads are free to all military personnel and civilian employees of NAVMEDCOM NWREG. All classified ads must be received by 3 p.m. Wednesday the week prior to publication. Send your ad to: Editor, Nor'wester, NAVMEDCOM NWREG, PAO, Oakland, CA 94627-5025. No phone orders accepted.

REUNION: The USS Norton Sound (AV-11 / V-11) Association will sponsor its 15th Annual Reunion, from Wednesday 24 through Sunday 28 September 1986, at Port Hueneme, California.

All interested Association members, current and former Norton Sounders, members of attached military units, civil service and contractor personnel who have served aboard during any period of her 41-YEAR history of service to the Nation are invited to attend. For more information contact: Robert Hovestadt

at (805) 485-6144; Clyde Taylor at (805) 642-1413; or USS Norton Sound Association, P.O. Box 487, Port Hueneme, CA 93041.

SUBSIDIZED HOUSING is available for E1s through E3s with at least one child. Interested personnel should contact the Housing Referral Office, bldg. 101, NAS Alameda at 869-4718 or 869-4725.



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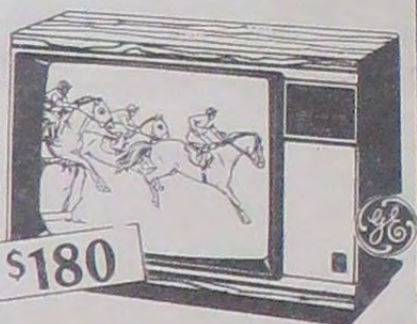


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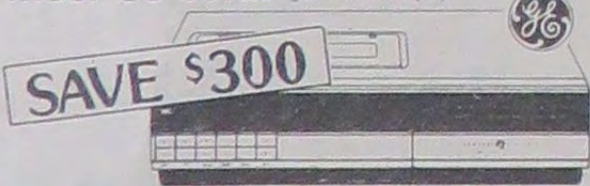
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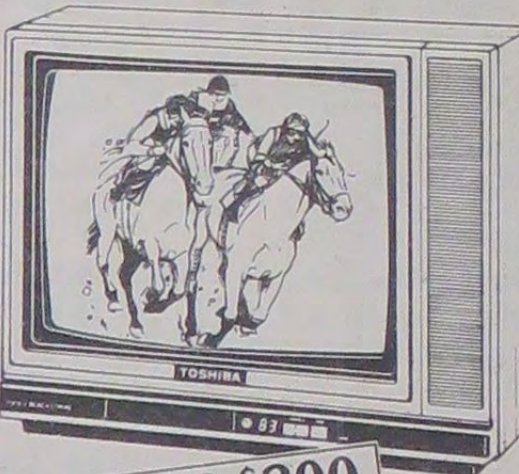
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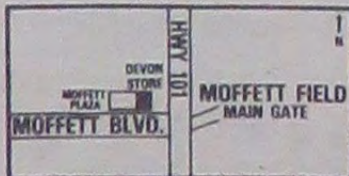
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Nor'wester

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**New Feature—
C.O.M Social
Korner**

Regional Closeup

Head Nurse Realizes Lifelong Ambition



The newspaper name "Nor'wester" was derived from a suggestion by CAPT P.A. Cope of the Naval Hospital Oakland.

"I always wanted to join the Navy," said CAPT P.M. Cope, NC, Head Inpatient Nursing Department NAVHOSP Oakland and the source of this newspaper's name. "The idea of joining the Navy did not set well with her father, though. 'I used to bandage my father all the time when I was young. I also knew that I always wanted to be a nurse,'" said CAPT Cope. After receiving her undergraduate degree from the University of Arizona, she completed her training in Connecticut, her home state. "Although I didn't enter the Navy right away, working first in Connecticut and Florida, an uncle

who was an MD and I finally convinced my father that it was a wonderful career."

"I had grown up seeing the effects of WWII, and I saw the men and women of the Navy as a more elite corps," she said. Coincidentally, CAPT Janice Emal, Director of Nurses at NAVHOSP Oakland and CAPT Cope attended the same Connecticut nursing school only one year apart.

CAPT Cope finds one of her earliest Navy experiences among the most memorable. She was sent, aboard a U.S. warship, to the then British Honduras to aid the victims

of a devastating hurricane and tidal wave. Sent with her team to Belize (now a separate country) she said, "It looked as though someone had taken a box of matches and poured it out." The team took over one of the few buildings with walls and improvised an operating room and emergency aid facilities. Because of the chaos and looting, members of the party had to move about with armed guards protecting them. But, when it came time to leave, CAPT Cope had to be ordered to go. "There was so much more to do, but the British doctors had arrived and were taking over."

Bowling Center Reopens

"Looks like a strike. Oh no! Will it stay on the lane?" was the crowd's reaction as RADM Q.E. Crews rolled the first ball to dedicate the Grand Reopening of the NAVMEDCOM Bowling Center on Friday, 28 Feb. 1986.

After 10 long months the completely renovated and refurnished Bowling Center is once again open for business. The bowling lanes are now equipped with six brand new AMF Pinspotters. Other additions include a Snack Bar, a Lounge area with Dart Boards, a Video Game Room and five refinished Pool tables.

"Finally," was the comment received from HMCM Marumoto, the Special Services Director. The completion of this nonappropriated Fund Special Project culminated four and a half years of waiting on funding approval and numerous design changes.

The Bowling Center is open seven days a week with Snack Bar service commencing at 11 a.m. on weekdays and noon on weekends. So come on down and get that spare!



Looking to put the ball down on the marks, RADM Q.E. Crews, commander, NAVMEDCOM NWREG, rolls out the first ball at the new command recreation bowling center.

please see page 3

Op/Ed

Noted With Interest

Letter of Appreciation from Castle AFB

The following letter was sent to the Naval Hospital Oakland from the Commander of Castle Air Force Base.

We have recently begun receiving messages from your organization when you hospitalize a person from Castle AFB. I want to thank you for this courtesy. Not only is the message notification a valuable management tool for base personnel, it is also a nice touch from a medical center to a small referring hospital.

I have passed on your help to our wing commander, and he has asked me to thank you on his behalf.

I would also like to take this opportunity to thank you for the ex-

cellent support we have enjoyed from your facility. Not only have our Air Force personnel consistently gotten technically good care from your organization, but I have also been impressed by your "can do" attitude. I know your plate must be full and then some at times, but your staff always manages to squeeze on one more when we really need help. Again, thank you. I hope this relationship is mutually beneficial and will continue to be productive for all of us.

LLOYD E. DODD, JR., Lt Col,
USAF, MC, SFS
Commander

Election Year '86 info for Absentee Voters

1986 is a general election year. One-third of the House of Representatives, 30 governors, and numerous state and local officials are up for election.

Navy people on duty not in their states of residence who wish to vote in this election year must use the absentee ballot. This process is simplified by using the Federal Post Card Application (FPCA) to request the ballot.

The FPCA is accepted by all states for either registration, an application for registration forms, or an application for an absentee ballot. In many cases, the FPCA will be accepted for both registration and a request for an absentee ballot. To ensure ample time to process your request and mail the ballot, FPCAs should be received by local election officials 30 days prior to an election.

Be sure to complete the FPCA correctly. The Voting Assistance Guide lists each state separately and its requirements. See your Voting Officer for assistance.

Below is a listing of 1986 state primaries:

May 3—Texas, Indiana, North Carolina

May 13—Nebraska

May 20—Oregon, Pennsylvania

May 27—Arkansas, Idaho, Kentucky

June 3—Alabama, California, Iowa, Mississippi, Montana, New Jersey, New Mexico, Ohio, South Dakota

June 10—Maine, North Dakota, South Carolina, Virginia, West Virginia

August 5—Colorado, Kansas, Michigan, Missouri

August 7—Tennessee

August 12—Georgia

August 19—Utah, Wyoming

August 26—Alaska, Oklahoma

September 2—Florida, Nevada

September 6—Delaware, Guam

September 9—Arizona, Connecticut, District of Columbia, Maryland, Minnesota, New Hampshire, New York, Rhode Island, Vermont, Virgin Islands, Wisconsin

September 16—Massachusetts, Washington

September 20—Hawaii, Louisiana

Hornet Club Meets

The USS Hornet Club will be holding their 38th Annual Reunion, 6 June, 1986 at the Tides Hotel and Bath Club in North Redington Beach, St. Petersburg, Florida.

All officers and enlisted men who served aboard USS Hornets CV-8, CV-12 and CVA-12 and attached Air Groups are invited.

During this year's reunion, Past President Walter J. Popp of CV-8 will be honored.

For further information contact Rich Richards at (415) 837-5014.

Chapman College Offers MBA Degree

A new graduate degree, the Master of Health Administration (MHA), will soon be offered by Chapman College at NAS Alameda. The new degree will replace the Master of Science in Health Sciences when currently enrolled students either graduate or switch to the new program.

The MHA program will be open to all persons with the Bachelor's degree from a regionally accredited college and professional experience in the health care field. One prerequisite

course is required for those who have not taken introductory courses in statistics and computer fundamentals.

The 36-semester credit program consists of seven core courses (21 credits) and a choice of five courses (15 credits) in business administration or in human resource management. The MHA degree is widely proclaimed as the most popular Master's degree in the health care field.

Call (415) 869-3602 for further details.

Tax Issue Clarified for Military Personnel

Two taxation issues continue to concern military personnel. These are:

TAX REFORM. The tax code is currently being reviewed by Congress. Thus far, tax reform proposals from both the President and the Congressional Joint Tax Committee contain no provisions to change the taxable status of military pay, allowance or benefit. The Department of Defense has strongly defended the tax exempt status of military pay, allowances and benefits which include:

- Basic Allowance for Subsistence and Subsistence In-kind
- Basic Allowance for Quarters and Government Housing
- Variable Housing Allowance
- Overseas Station Housing Allowance
- Clothing Allowance
- Family Separation Allowance
- Travel and Transportation Allowance
- Medical and Dental Benefits (Including CHAMPUS)
- Household Goods Transport
- Space-A-Travel
- Commissaries/Exchanges
- Government-provided Legal Service

INTERNAL REVENUE SERVICE RULING 83-3.

In 1983, the IRS ruled that civilian clergy would no longer be allowed individual tax deductions for mortgage interest and real estate taxes up to the extent clergy receive tax-free allowances for housing expenses from the church. The ruling was based on a part of the tax code that stipulates taxpayers cannot take deductions for items purchased with tax-free income. Subsequently, IRS has indicated that IRS 83-3 would also apply to military housing allowances. The effect of the ruling, if applied to the military, would be that any deductions taken for mortgage interest and taxes on a residence would be offset by any BAQ/VHA payments. However, the Secretary of Defense successfully persuaded IRS to delay implementation to not earlier than 1 January 1987 (tax year 1987). In the interim, legislation has been proposed within the Congress to amend the tax code to specifically exempt military housing allowances from the IRS ruling. The Department of Defense is actively supporting such legislation which would provide permanent relief from possible future IRS rulings.

Employees in Exclusive Bargaining Units

Notice to employees in exclusive bargaining units at Naval Medical Command, Northwest Region, Oakland; Naval Hospital Oakland; and Naval Drug Screening Laboratory, Oakland:

RIGHT OF REPRESENTATION

Pursuant to Section 7114 (A) (2) of Title V, U.S. Code as amended by the Civil Service Reform Act (P.L. 95-454), this is to inform you that an exclusive union must be given the opportunity to be represented at any examination of management in connection with an investigation if: (a) the employee reasonably believes that the examination may result in disciplinary action against the employee; and (b) the employee requests representation.

H. L. LINDEMANN, JR.
Head, Civilian Personnel Department

In Memoriam

Gladys T. Mitchell, long time employee of the Naval Hospital, Oakland Central Appointment Desk died Sunday 4 March 1986. She was an inpatient at Naval Hospital Oakland at the time of her death.

Mrs. Mitchell retired from Federal Service in August 1982. She is survived by her daughter Mrs. Charlotte A. Harper and son-in-law Glen Harper of Las Vegas, NV., and a brother, Mr. Edgar Law of Los Angeles.

Nor'wester

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(415) 869-4314

News

SOLACE-Hospital Ship's Valiant History

By C. A. Wolff, USN, (Ret.)

There were two SOLACE. The (AH-2) was converted to a 200-bed hospital ship, commissioned in 1898. She was the first Navy Ship to fly the Geneva Red Cross flag. SOLACE was in constant service during the Spanish American War. She served in WWI and in 1919 she proceeded to a ship which had run aground off Fire Island, New York. The grounded ship was loaded with wounded veterans returning from France. SOLACE transferred 504 patients safely to a hospital. She was decommissioned in 1921.

SOLACE (AH-5)

She was built in 1925 as a passenger ship, and was converted to a 469-bed hospital ship in May, 1941. In October, 1941, she joined the Pacific Fleet. The hospital section comprised 33 medical, 3 dental, 13 Navy nurses and three Warrant Officers. Of the enlisted men there were three CPOs and 136 Hospital Corpsmen.

The Greatest service possible

On 7 December, 1941, in Pearl Harbor, it was discovered that an enemy midget sub had penetrated the harbor and was hiding under SOLACE's hull. SOLACE slipped her moorings and drifted away, and a U.S. destroyer put the sub out of commission.

She was in all of the action in the South Pacific. You name the island and SOLACE was there. At Roi and

Eniwetok, she picked up 391 casualties, most of which had been brought by landing craft directly from the beachhead.

Crew gives up bunks for wounded.

While anchored off Iwo Jima at 2,000 yards, shells began falling only 100 yards away, in spite of Red Cross markings. She began taking battle casualties directly from the beachhead. When she sailed for a base hospital there were patients in the crews quarters. She was caring for 710 battle casualties. Many of the medical staff had given up their bunks to the wounded, and slept on cots in the passageways.

Medal of Honor for Enlisted man

Due to heavy losses, some of the SOLACE Hospital Corpsmen had to go ashore to provide badly needed medical help. John Bradley, Pharmacy Tech Third Class was one who went to help the Marines. He went with his group to Mt. Suribachi and raised the U.S. flag. In the famous Joe Rosenthal photo of the raising of the flag at Mt. Suribachi, Bradley is the man wearing the medical field pack. He was awarded the Medal of Honor.

SOLACE made her last voyage to San Francisco in January 1946 and was decommissioned in March. She rates seven battle stars for WWII and a Presidential Unit Citation for her 7 Dec., 1941 action.

Nimitz Run to be Held at Treasure Island

The Nimitz Run 86 is slated for 12 April at Treasure Island. The run consists of two courses, a 5K flat course and a 10K hilly course. Pre-registration is \$7. Race-day registra-

tion will be \$9. The race begins at 8:30 a.m.

For information and registration contact Don Karl, Nimitz Race Director at (415) 765-6362.

Civilian of the Quarter

Ms. Bertha Paul of the Combined Specialty Clinic at the Naval Hospital Oakland has been named

that command's Civilian of the Quarter for April through June, 1986.

Naval Aviation Essay Contest

The United States Naval Institute is honoring the 75th anniversary of Naval Aviation with a special essay contest. Entries can cover practically any aspect of the broad-based topic, "Naval Aviation Today and in the Future."

Cash prizes of \$1,000, \$750 and \$500 will be awarded to the authors of the three winning entries, which will be published in a special naval aviation issue of *Proceedings*, the Naval Institute's monthly magazine with a circulation of more than 100,000.

Each entry for this special essay contest must follow these simple rules:

- Articles must be original and no longer than 4,000 words.
- All entries should be directed to: Editor-in-Chief, USNI *Proceedings* (Naval Aviation), U.S. Naval Institute, Annapolis, MD 21402.
- Entries must be received at the above address on or before May 1, 1986.
- Entries must be typewritten, double-spaced, on 8½x11" paper.
- The entries will be judged by the Editorial Board of the U.S. Naval Institute.
- Anyone can enter—with multiple entries, if desired.

Bowling Center Reopens continued from page 1



The ribbon is cut opening the long-awaited recreation bowling center at the Naval Medical Command, Northwest Region. Doing the honors are (l to r) LCDR Paul Hiller, assistant Chief of Staff for Logistics; RADM Q. E. Crews, commander; and HMCM Mickey Muramoto, Special Services director.

Smoking and Pregnancy—Risky Business

by Joan Landis

Smoking during pregnancy can be hazardous to both mother and unborn child.

The term "Fetal Tobacco Syndrome" is now well known and used to refer to infants whose mothers smoked during pregnancy and who were "symmetrically growth retarded" (smaller in stature and weight than their non-smoke-affected counterparts) at delivery (full term). The mothers of this group of infants smoked five or more cigarettes a day during the pregnancy and had no other health problems that might lead to producing an undersized baby.

In the past, it was thought that lower maternal weight gain and, therefore, reduced nutrition was the cause of the low birth weight. But improvement in quality of nutrition and increased maternal weight gain in smoking mothers has had little impact on avoiding the syndrome. It is now known that carbon monoxide and nicotine are the poisonous chemicals in smoke that cause most of the problems.

Carbon monoxide in the blood stream decreases the amount of oxygen the blood can carry, so the baby's body tissue has to get along on less oxygen than it needs. Growth is slower and sometimes less than perfect. Vital tissue such as the developing brain and nervous system may be permanently affected.

Nicotine adds to the problem by narrowing blood vessels, including

those in the placenta, so that oxygen supply is further reduced and nutrients in the blood just don't reach the baby in the amount he/she needs.

These two chemicals account for the following possible outcomes:

- Being born undersized (weight and stature)
- Having an increased risk of miscarriage, premature delivery, or delivery of a stillborn child.
- Having an increased chance of problems with the placenta—too small, poorly placed in the uterus, weakness of the tissue leading to bleeding or rupture.
- Having a baby with a damaged/immature nervous system or brain.
- Having a baby who is weak and more likely to die soon after birth from unexplained causes.
- Having a baby whose lungs are so immature that he/she has an increased risk of serious breathing problems.

—Risking the possibility that the child may have a lowered intelligence than he/she would have with normal access to oxygen and all the other nutrients in the mother's blood.

If you are pregnant or are planning to be, and a smoker, I urge you, for your health and the well-being of your unborn child, to STOP.

(Mrs. Joan Landis is a Pediatric Nurse Practitioner at Mare Island Branch Clinic.)

Calendar

The Calendar is provided for input of events and activities by all medical/dental facilities in the Northwest Region. Eligible for inclusion are official command-sponsored events and activities sponsored by such groups as enlisted and officers' wives organizations, Recreation Services, Red Cross,

Navy League, Navy Relief, USO, etc. Submit input to your local Nor'wester reporter (a partial list of Nor'wester reporters and their phone numbers is on page 2. A complete list will be printed in a later issue.)

April

1

- San Francisco Navy League board meeting. POC: Shirley Demartini, 479-1072.

4

- NATO Anniversary.

6

- U.S. entered WW1, 1917.
- Naval Order, S.F. Commandery luncheon at New Pisa. POC: CDR Bob Laughead, 864-1852.

9

- Marin County Navy League Dinner at Clarion Hotel. POC: CDR Dodge, 479-7205.

11

- Navy Band S.F. ensemble Forecast performs at Officers' Submarine Ball, Mare Island Officers' Club. 6 p.m.
- First submarine, USS Holland accepted by the Navy.
- Joint installation dinner meeting of West Bay Chapter of the Reserve

Officers' Association, Presidio Officers' Club, S.F., 6:30 p.m.

- Association of Naval Aviation dinner with RADM Tulley. POC: Bob Lando, 568-7184.

15

- San Francisco Navy League luncheon at T.I. POC: Shirley Demartini, 478-1072.

18

- East Bay Military Order of World Wars business meeting. POC: LCDR Emil Gustafson, 798-3527.

22

- San Francisco Military Order of World Wars luncheon at Presidio. POC: LT Phyllis Lando 568-7184.

27

- Begin Daylight Savings Time, set clocks AHEAD on hour at 2:00 a.m.
- Navy Band S.F. performs at the Blessing of Pleasure Craft in Racoon Strait. Navy Chaplain and COMSERVGRU ONE participation.

23

- Passover begins at sunset.

May

8

- Monthly meeting, Chapter 8, Reserve Officers' Association, Presidio Officer's Club, 6:30 p.m.

15

- Armed Forces Day luncheon hosted by San Francisco Chamber of Commerce. Four star speaker invited.

16

- Armed Forces Day parade at noon, Market Square, S.F.

17

- Armed Forces Day. Black tie military ball.
- Navy Band, San Francisco performs at Calif. Maritime Academy graduation, Vallejo, Ca at 11 a.m.
- New Officers Seminar, Reserve Officer's Association for Northern California Chapter officers, NAS Alameda, Ca.



30

- Congress established the Navy Department in 1798.

Scholarships for High School Graduates

The Federal Personnel Council of Northern California will award ten \$1,000 scholarships to outstanding high school graduates, to be paid to the winners upon their enrollment in a recognized junior college or accredited college or university. Selection will be announced at a luncheon in May.

All high school seniors graduating in January or June of 1986 (or between these dates) and one of the following must apply for students to be eligible: Must be the son or daughter of a permanent civilian employee presently employed in a Federal agency in Northern California; or the son or daughter of a retired or deceased permanent civilian who was employed in a Federal agency in Northern California at the time of retirement or death; or currently employed in a Federal agency in Northern California under the President's Stay-in-School campaign; or have been employed during the summer of 1985 under the Summer Youth Opportunity Program in Northern California. Northern California includes Monterey, Kings, Tulare, Inyo and all areas in California north of these counties. (Note: Children of Temporary and Postal Service Employees are not eligible for consideration).

Awards are based on: 1) high school record and results of Scholastic Aptitude Tests (SAT) or the College Entrance Examination Board (CEEB); 2) participation in school, community and civic groups; 3) an essay of between 900-1,100 words on the subject, "What Federal programs should be cut to accomplish a balanced budget and what is the rationale for the cuts?" Essays must be typed; and 4) economic need. This factor is based on family income and size and will be used in up to five of the awards.

To apply, the following must be submitted and postmarked no later than April 25, 1986: 1) a scholarship application which can be obtained from the Civilian Personnel Office or, if not available, from the address shown below; 2) a copy or photostat of your high school transcript(s) as of December last, showing hours of credit for each course, grade, date of completion, and the results of your CEEB/SAT test. Your cumulative grade point average may be shown on the transcript or included in a letter from a teacher, counselor or principal; and 3) an essay of between 900-1,100 words. The topic as described above. Essays must be typed. Incomplete packages as of the deadline will not be considered.

Send completed application package to:
Internal Revenue Service, 450 Golden Gate Avenue, Box 36020, San Francisco, CA 94102, Stop 42-2-6, ATTN: David Gow, Chief, Human Resources Branch.

C.O.M. Social Korner

by Phantom Social Editor

The Bob Garber Review/St. Patrick's Day Dinner Celebration was a spectacular success! Johnny prepared a truly special mouth-watering corned beef and cabbage dinner that literally melted in your mouth. The Bob Garber Review was the type of show that you would expect to pay \$25 for in New York—without a meal.

Bob and his three lovely dancers: Dee Nichols, Carol Lee and Grace Jones made beautiful music, kept the gathering in stitches with their fast-paced comedy and magic and thoroughly entertained with their dancing from disco to burlesque and hula!

The group then entertained until the witching hour with a great variety of magic, and music from the big band sound: disco, rock, waltz, foxtrot, polka, or whatever was requested. The three dancers enhanced and livened the evening by mixing and dancing with the patrons. All this for only \$7.50 per person. We had a wonderful time; sorry you missed out.

The Admiral, Chief of Staff and their lovely ladies, as well as the President of the Wives' Guild and her husband, Jim, obviously enjoyed themselves (did you ever see ADM Crews dance to "Kansas City?"). That alone was worth the price of admission.

Also, highly visible with a large party from the Credit Union was Mr. Walter Terry and his lovely lady. We had to take up a collection for Mr. Terry when the "magician" inadvertently burned up his handkerchief!

Events coming up:

- March 30 - Easter Brunch
- April 11 - Italian Night; farewell to Nanette Hamling.
- April 20 - Wine Tasting Brunch
- April 25 - Wives' Guild Art Auction.

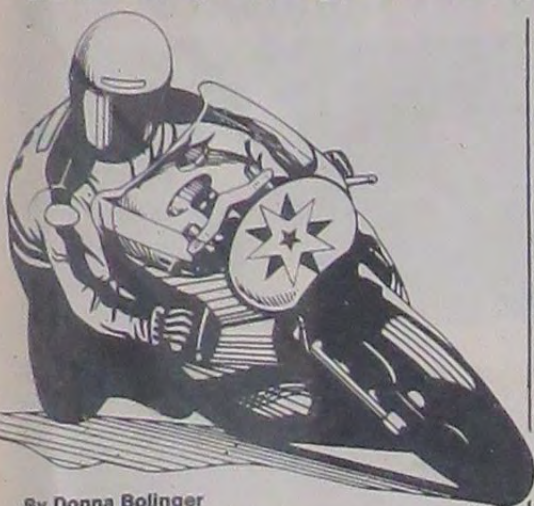
Mark your calendars!

Look forward to seeing you there in your Club.

P.S.: The C.O.M. Social Korner will be a regular feature in the Nor'wester. Inputs to the Phantom Social Editor are welcome in care of the Nor'wester. Also, a change in the 'O' Club policy: because of parking constraints, there will be no Happy Hour on Friday afternoons when Special Service events are scheduled.

Gazette

Motorcycling: Deadly Serious Gamble



By Donna Bolinger
American Forces Information Service

Richard Corcoran, a Navy engineman assigned to the supply ship USS Detroit, homeported in Norfolk, Va., bought a motorcycle because it was inexpensive to operate.

Yet, that motorcycle cost him far more than he could ever imagine. Among the costs: months in a hospital bed, wondering if he'd ever have full use of his legs again.

The 24-year-old Corcoran said he had loved the feel of the wind rushing past him, the freedom a motorcycle had offered.

Now, those images have faded. They've been replaced with memories of horror—the sheer terror of being forced off the road by another vehicle, losing control of his cycle, crashing against a concrete road divider, and being flipped over the wall into the path of oncoming traffic.

"I remember seeing nothing but headlights, all coming at me," he said. He was hit by an oncoming car, which thrust him back against the concrete dividing wall.

"It was right then and there, as I was laying against the wall, that I knew I'd never get on a motorcycle again — ever," he said.

Corcoran received extensive leg injuries. But three months after his accident, he was optimistic he would recover — maybe even completely — within the next few months.

Two soldiers assigned to a signal battalion at Fort Campbell, Ky., weren't so lucky.

After pulling to the side of a post roadway, they were struck from behind by a pickup truck, which pushed them for about 80 feet before coming to rest at a nearby intersection.

The 20-year-old female private first class, the passenger, was killed instantly. Her 22-year-old fiancé fared only slightly better; he was left with severe neck, back and leg injuries.

After a lengthy hospitalization at Fort Campbell's Blanchfield Army Community Hospital, he was given a medical discharge, his dreams of an upcoming marriage and a military career destroyed.

Motorcycle enthusiasts often point to safety precautions the vic-

tims of accidents like these might have taken to avoid tragedy.

However, the story of a 21-year-old Marine Corps corporal stationed at a Marine aviation group in Pennsylvania demonstrates that no matter how controlled a situation, a motorcyclist's safety is ultimately out of his hands.

Riding along a roadway he used every day between his home and duty station, the corporal encountered an unexpected hazard — a freshly paved, but not yet smoothed, road surface.

He lost control of the cycle when, as he was rounding a turn in the road, the front tire hit a groove between the lanes. He was killed when he crashed through a fence in a residential neighborhood.

The story is particularly disturbing because it weakens many of the arguments about motorcycle safety offered by operators:

□ "I've attended a motorcycle safety course." The corporal was known throughout his command as one of its most safety conscious motorcyclists. He never missed his command-sponsored motorcycle safety updates and only two months earlier had completed its motorcycle safety course. Ironically, earlier during the night he was killed, he had shown his riding partner a magazine article about a world-class motorcyclist who had been killed in a "freak" riding accident.

□ "I'm familiar with the roadway." The corporal was familiar with it — he traveled the road every day. However, he hadn't anticipated the hazard created by a partial road resurfacing.

□ "I always wear a helmet and protective clothing." The corporal was wearing a helmet, leather jacket and long pants—none of which protected him from fatal injuries.

□ "I always obey posted speed limits." The corporal was riding well below the 55 mile per hour speed limit when the accident occurred.

"The problem with motorcycles," Corcoran concluded from his hospital bed at the Portsmouth Naval Hospital, "is that no matter how many things you have going for you, they all have a way of working against you when you're involved in an accident. When you're on a cycle, it's you and the road—nothing in between."

"I know I never listened myself (to warnings about motorcycle safety)" he said. "But for those who ride, all I can say is, you really have to know when to ride your cycle. And you really have to know when *not* to — like when you'll be in heavy traffic, or when it's raining."

"Sometimes it's just a lot safer to take a taxi and leave your motorcycle parked at home."

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Etc.

It's National Nutrition Month

With Spring just around the corner, could there be a more appropriate month than March for everyone to take a personal nutrition audit and resolve to eat and live more healthfully in the light, bright days ahead? To help the public do that, the American Dietetic Association has designated March 1986 as National Nutrition Month, and offers the slogan, "Good Nutrition—Feel the Difference," as a rallying point for calling attention to the wisdom of eating properly and exercising moderately to maintain a healthful lifestyle all year round.

The registered dietitians who make up the membership of the ADA will tell you that the best way to achieve a good nutritional balance can be as simple a routine as eating a variety of foods each day from the four major food groups: fruits and vegetables; grains; dairy products; and proteins (meats and fish). They will also tell you that it can be as complex as knowing how to separate fact from fiction when it comes to fad diets and unscientific claims put forth by the latest headline-makers.

Do you know that you can overdose on vitamin supplements you take without responsible advice on

what constitutes excessive amounts? Dietitians can tell you that.

Do you know that canned sardines and salmon are excellent sources of calcium? Dietitians can offer these and other nutritious-eating ideas to help prevent osteoporosis, a calcium deficiency disease.

Do you really believe that potatoes are more fattening than that well-marbled beef? Dietitians will tell you otherwise.

Do you know that all over the country the experts with authoritative answers to your questions about how to improve your eating habits are registered dietitians, the women and men entitled to use the designation, RD, after their names to signify that they have passed the ADA's rigorous certification requirements involving the three E's of education, experience and examination? So when RDs talk, it would be smart to pay attention.

To find an RD to help you with a personal nutrition program, check with your registered dietitians at NAVHOSP Oakland, call 633-5822 or write Food Service Department, NHO, c/o Clinical Nutrition Branch, Oakland, Ca 94627.

Propjet Airliner—a Great Commuter Plane



The first of Horizon Air's 37-passenger de Havilland Dash 8 (DHC-8) propjets began service January 15 in the Portland-Seattle-Pasco-Boise markets. This is the first of ten of the advanced technology aircraft that Horizon ordered from De Havilland Aircraft of Canada, Ltd.

by The Tyco Tiger
C.A. Wolff, USN (Ret)

In service since late 1984, the DHC-8-100 is the first in a series of new technology aircraft from de Havilland Aircraft of Canada. This new short haul propjet will serve the North Western United States well through the 1990s.

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Powerplants and basic data

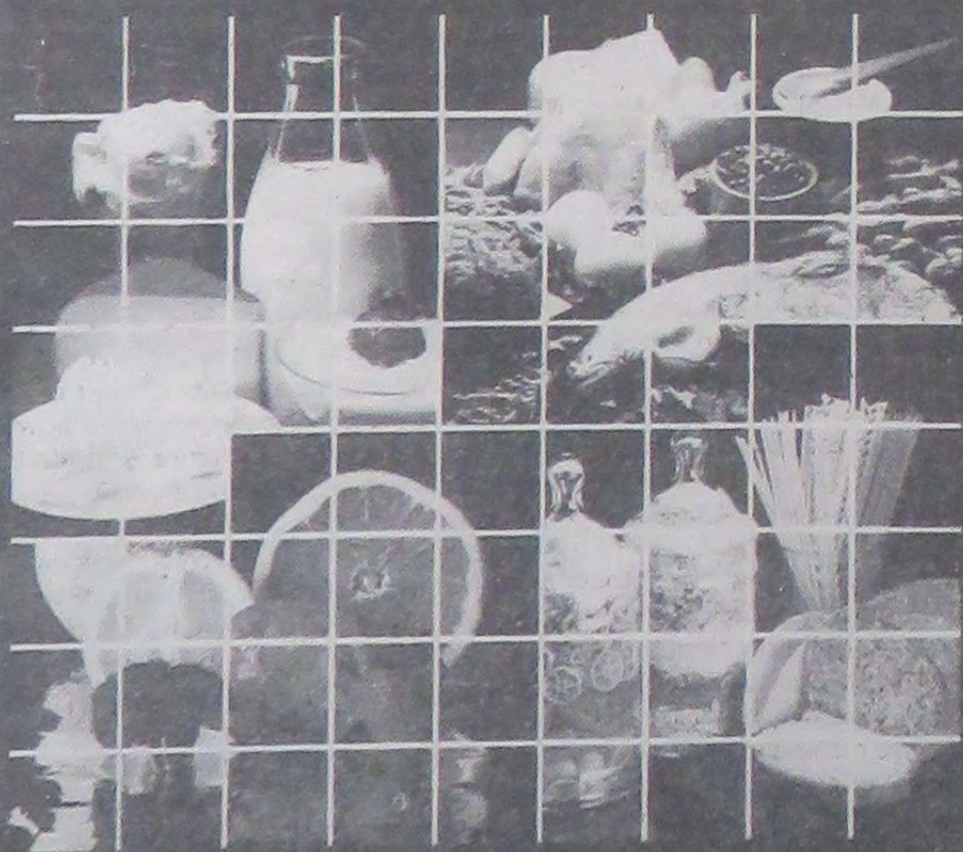
The aircraft is equipped with two Pratt and Whitney turboprop engines developing a maximum SHP (Sheer Horsepower) of 2,000 at takeoff, cruising at 1619 SHP. It has two Hamilton Standard 4-bladed propellers.

The turboliner cruises at 491 km/h at 15,000 feet and 487 km/h at 20,000 feet. It has a multi-stage mission capability of 1,130 NM of flight or 5,100 NM stages without refueling.

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"There'll be a short delay. Your shoe size requires installation of port and starboard lights."

March 28, 1986

Etc.

Special letter to the crew: Several weeks ago, a former crewmember of USS Enterprise wrote to CAPT Mercer requesting some pictures and other information on USS Carl Vinson. In return for the material, he offered to write a letter to the crew explaining how he left the Navy and what he is now doing. His letter is transcribed below for the information of all hands.

Dear Shipmates of USS Carl Vinson:

I'm an inmate in the South Dakota State Penitentiary. I'm serving a life sentence and a 20-year sentence. I am writing you in hope of saving any of you men some of the pain and hurt I have suffered. What I have to say is the truth, and it may hit some of you harder than others.

I started drinking at age 14 to be cool. Since my friends drank, it was all right. My father was an alcoholic, but I thought that would never happen to me.

All my life I worked hard, and my drinking didn't get in the way of my job. I thought I had no problem with the booze. I only got drunk on weekends and my days off.

At 15 I had my own car and I would let anyone drive it who supplied the gas and booze. I saw nothing wrong in getting drunk, because I never stayed that way more than a day or two. At 16 I quit school and worked two full-time jobs. At 17 I joined the Navy. I was proud to serve my country and thought I might retire in it. I went to boot camp in San Diego. Afterward, I did a lot of drinking, using the excuse that I had been without for two months. I was getting drunk every day and thought it was the life.

My first duty station was USS Enterprise (CVN-65). I liked to take risks so I asked to work on the flight deck. I was a blue shirt in V-1 Division. I was all right for a month or two, but then I started to drink every day. I went on watches drunk and never thought that I was an alcoholic or could ever be one. No one ever thought that what was happening could not be straightened out by the military. I would drink by myself, because either my shipmates didn't know what to do around me or, if they did go drinking with me, I would try to fight them. I was still making excuses for my drinking. Since I was risking my life every time I went to sea, I decided I wanted to be able to die happy.

In 1978 I went on my first WESTPAC. I was really happy about the trip because I wanted to travel. As we hit the different ports I did nothing but drink. I also started to smoke dope and experiment with a little acid. I did not think I had a problem with the booze because I was staying sober at sea. But I was getting high, because it was easier to get on the ship.

I saw about a half-dozen places

Inmate No. 20137's chilling story

"I don't have a drinking problem."



and I can't remember what was in them; I was always bombed within an hour or two of getting there. I still thought I had control of my life. In the Philippines I decided to go AWOL until the ship was ready to go home. This was a 19-day "drunk" and "high." I lived off money my friends would give me.

When I went back they took my ID from me and told me that they would give it back when we were on our way home. In Hawaii I went on a two-day drunk and thought I was still in control of my drinking. Nobody said a word about my drinking.

We arrived in the states and it was party time again. I had quite a few days of liberty and used them to get drunk.

We went to San Deigo for two days and I was arrested and put in jail for being drunk in public. I missed ship's movement and thought it was just a bad break. For a week I was on North Island waiting for a plane to take me to the ship. I was borrowing money and getting drunk every day. When I was finally back on the ship, my punishment was to work one extra duty day.

After that I requested leave for 30 days. I spent the leave celebrating with my friends and getting drunk.

The first three days I spent just drinking for 24 hours a day. The third day I passed out driving down the street and hit a parked car, almost killing myself and the girl who was with me. That didn't slow me down at all. I thought it was just another bad break.

I blamed everyone for my problems. I didn't move up in the Navy because I thought everyone was against me. I would not see that the problem was me. I never was told in words that I drank too much and I don't know if I would have listened anyway.

On Jan. 21, 1979, I went back to my ship. I had four days in Seattle. It was not a long liberty time, but it was enough to get me where I am now. On Jan. 26 I met a friend who asked me if I wanted to make some quick and fast money. After I was drunk and high, I decided to check it out. We decided to pull a robbery. We went downtown and picked up a couple of hookers and took them to an alley, where we pulled out weapons to rob them. One jumped out of the car, but the other couldn't get out. We took off.

We drove her to a mountain pass and we made her take off her clothes. I raped her, and then my partner took her out in the snow and raped her. He asked her for her money, but she only

had a couple of dollars. My partner got mad at this and told her to get out. Then he cut her throat. I didn't know what to do and was scared like I have never been in my life.

After a few days he told his family what we had done, and we decided to go on the run. We arrived in California on Feb. 1. I went my way and he went his. By night he had been arrested and told [the authorities] where to find me. I went to jail and was returned to Washington State to face charges of 1st degree murder, 1st degree rape, 1st degree kidnapping and 1st degree robbery. The first time we appeared in court, the death penalty was filed for both of us.

My partner was convicted of 1st degree murder, 1st degree rape, 1st degree robbery and 1st degree kidnapping. He received four life sentences, beginning with life without a chance for parole for the murder, 10-to-life for the rape, 50-to-life for the kidnapping and 20-to-life for the robbery.

I was convicted of 2nd degree murder, and received 20 years, and 1st degree rape, for which I am serving life. I have done almost seven years on this sentence and wish it had not been this way. I am very sorry for what happened and wish that I could have changed it.

Instead of a name in the Navy, I am now a number in prison. I have had a lot of time to think and wish I had the freedom I once had. I used to say some things would never happen to me, but I can't say that any more. I wish someone had told me I had a problem with alcohol and drugs. I might have listened. Then again, I might not have, but I don't have a choice at this point. It might have made a difference.

If you have a shipmate you feel has a problem, then try to help him. Shipmates depend on each other for life, and someone close to you may be slowly killing himself. If a man was drowning, you would try to save him! So please, if someone you know is a possible alcoholic or drug addict, try to help him. There are all kinds of programs that can help. Your chaplain, I'm sure, knows of these programs. If you can't talk to him, there are Alcoholics Anonymous or Narcotics Anonymous groups listed in the phone book. A man doesn't have to drink every day to have a problem. There are many different forms of an alcoholic or drug addiction. If someone had talked to me I might not be here today. I don't want any man to suffer the pain and humiliation and guilt that I have been through. Every day is a battle in prison and it is not a place to spend a lifetime.

With this I will close. Keep on doing a fine job for your country.

Sincerely,
No. 20137

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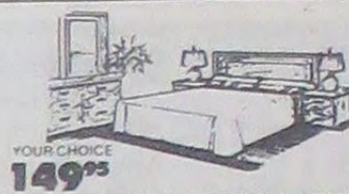


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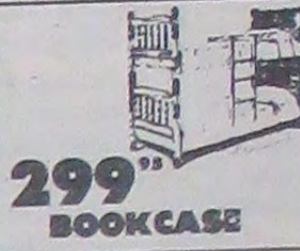
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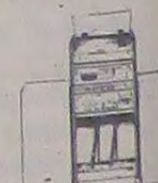
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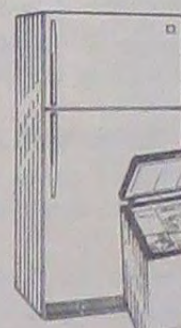
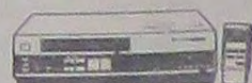
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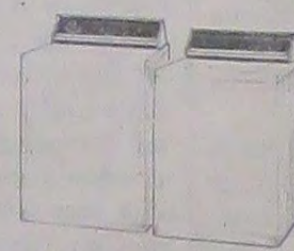


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Nor'wester

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New NWREG Staff Officer is Honors Grad

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Page 5

Civilians Take Basketball Crown

NAVMEDCOM Staff Officer Honors Graduate

The newest NAVMEDCOM NWREG staff officer, LT Jamison A. Whiteman (MSC), graduated with honors from the Officer Indoctrination School at Newport, R.I. recently.

The honor award is presented to the student with the highest academic marks in the class. In LT Whiteman's case, he was at the top of a class of 89 students. He had a 3.9 average on a 4.0 scale.

"I've always wanted to be a naval officer," he told the *Nor'wester*. "My dad is retired Navy," LT Whiteman said proudly. "I was born at the Naval Hospital at Mare Island, when there was a hospital at Mare Island."

LT Whiteman began his military career as a Coast Guard Sonar Technician. He never took his eyes off his goal of becoming a Naval Officer. He graduated from the University of San Diego with a degree in Physiology. He has a masters degree in Business Administration from the University of Colorado.

"The Medical Service Corps was a natural choice considering my educational background," he explained.

Following two years in the Navy Reserve with the 4th Medical Battalion, 4th Marines, LT Whiteman came on active duty last December. He reported aboard the Northwest Region staff in mid-March. "This is a perfect spot for me. I can learn more about the Navy and Navy medicine here than any position I can think of."

LT Whiteman relieves LT H. M. Chinnery as Executive Assistant



Honors graduate of the Officer Indoctrination Course in Rhode Island, LT Jamison A. Whiteman reported to the Northwest Region staff in mid-March. (Photo by Howard Thomas)

when LT Chinnery detaches in June.

LT Whiteman's wife, Pamela, and two children Matthew, 10; and Elisa, 9 months; currently reside in Arizona. They will be joining him here soon. "It's a tough commute," he adds.

The highly energetic LT Whiteman likes camping, and music (he plays mandolin, drums and bag

pipes). He is also a member of the GEOCOM softball team. "We're going to take first place this year," he said with a big grin. (Sounds like a challenge!)

In the "It's a small world" category, LT Whiteman's father and father-in-law, also a retired Navy chief, served on the same ship during WWII.

"Prescription for Strength"—Rx for Military Medicine

WASHINGTON—Wartime readiness, the primary mission of military medicine, cannot be achieved "if we duplicate civilian medicine," David Newhall, III told a group of Medical Service Corps officers at a meeting at the Uniformed Services University of Health Sciences earlier this year.

The principal Deputy Assistant Secretary of Defense for Health

Affairs said his "prescription for strength" was to meet the urgent priority of accomplishing wartime readiness and work toward a dynamic partnership with civilian medicine.

Newhall said DOD's plans would not change the way active duty receive health care; care for all 2.2 million would still be provided in-house. And, he foresees "no substantial shift in the total proportion of

care provided in-house to dependents of active duty personnel, retirees and their dependents." But, he said, "the kinds of services provided in-house may shift."

DOD is considering establishing primary care centers with the civilian community to ensure that the military care system concentrates on the more complicated cases, those related to skills needed in war.

Navy Screens for AIDS Virus

Washington—The Navy has estimated that within one year all its people will be tested for the HTLV III antibody associated with the virus that causes acquired immune deficiency syndrome (AIDS).

Testing is beginning with operational commands in Europe and the Atlantic and Pacific Fleets as medical resources become available. For example, testing began in the Pacific Fleet 2 Jan.

Navy medicine has the capacity to test 60,000 people during March. This capacity is broken down into quotas of 35 percent each for the Atlantic and Pacific Fleets, 25 percent for the Marine Corps and 6 percent for U.S. Naval Forces in Europe. This means that every week up to 5,300 people can be screened in each the Atlantic and Pacific Fleets, 2,500 in the Marine Corps and 800 in Europe.

Quotas will increase as the Medical Command's capacity to screen people goes up in coming months.

Although blood samples are tested at 27 designated medical facilities, blood can be drawn at other locations. For example, blood could be drawn aboard a ship and screened at Naval Hospital, Portsmouth, VA.

All blood samples are tested first using a preliminary screening test called "Elisa." If the initial test is negative, there is no further testing. If it is positive, the same blood sample is retested. The testing is continued until either two negatives or two positives are obtained. If two of the three tests are negative, the person is considered antibody free and no further testing occurs. If the results are positive, the same blood sample is sent to Naval Hospital, Bethesda, MD., where it is given to a civilian laboratory to perform the more refined "Western Blot" test. A positive "Western Blot" test "does not mean a person has AIDS, is sick, or will develop symptoms of AIDS. It

please see page 3

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Op/Ed

Noted With Interest

SECDEF Promotes Health Education

The Secretary of Defense put a health promotion and education program into effect March 11, that focuses on aggressive anti-smoking efforts, physical fitness, nutrition, alcohol and drug abuse, hypertension and stress management.

Caspar Weinberger's decision for the program came after he rejected a ban on cigarette sales in military commissaries and exchanges.

"At the end of a period of time reasonable to measure the effectiveness of our aggressive anti-smoking campaign in decreasing use of tobacco by the troops," he said, "I will review our progress and consider whether it would be appropriate to make changes in the present policies of tobacco sales in commissaries and post exchanges."

Under the program, every service is required to develop and conduct public information campaigns on each of the health topics.

Highlights of the program include prohibiting smoking in auditoriums, conference and classrooms, buses, vans, elevators, and in eating and common working areas where poor ventilation is evident.

The program also states:

- Physical fitness workout programs as part of normal work routines.
- Dining facilities are to list calorie information and provide meals that contain less fat, salt and calories.
- Vending machines and snack concessions are to offer fresh fruit, juices and whole grain products as alternatives.
- Hypertension screening is to be part of medical and annual dental examinations.
- Smoking and non-smoking preferences are to be considered when two or more people are assigned to

one room in living quarters.

According to David Newhall, Deputy Assistant Secretary of Defense for Health Affairs, "The Secretary wants people who are now smokers to quit, and he wants to discourage people who are not smokers from becoming smokers. We will not force behavioral changes, but there will be strong encouragement."

"For example," Newhall said, "we will provide at all installations either information as to where someone can go for a quit-smoking program, or supply a program itself."

Naval Aviation History Featured

ANNAPOLIS, MD.—April's *Proceedings* comes with an added bonus—a special history supplement in honor of the 75th Anniversary of Naval Aviation.

Using the reminiscences of pioneer aviators and their comrades, the 96-page supplement, compiled and edited by Clay Barrow, senior editor of the Naval Institute, captures the unique atmosphere surrounding the developing art of naval aviation.

Some articles like "Young Jack Towers" or "And a Few Marines" have been written especially for the naval aviation supplement while "The First Year", by CAPT W. Irving Chambers, USN, the "Father of Aviation", is a reprint of an original *Proceedings* article of November 1912 vintage. The mix of history, anecdote, and the writing of the day gives the *Proceedings* reader a glimpse of the men and machines of the first 75 years of naval aviation.

Extra copies of the April naval aviation history supplement are available for \$3 plus \$1 for shipping and handling from U.S. Naval Institute Customer Services Department, 2062 Generals Highway, Annapolis, MD 21401.

The United States Naval Institute, located in Annapolis, MD, is the professional society for the sea services, and is an independent, self-supporting, non-profit organization. The Naval Institute is not a part of the U.S. government.

USNI advances knowledge about the naval and maritime services through the publication of a monthly magazine, *Proceedings*, the annual *Naval Review* and more than 250 books. In addition, the USNI has recently begun a series of seminars of interest to naval professionals and others in the wide audience of the Institute's membership, which includes more than 90,000 individuals from all walks of military and civilian life throughout the world.

Cutbacks on Coast-to-Coast Moves

Washington (NNS)—Transfers from the east coast to the west coast and vice versa will be reduced in the future due to funding cutbacks in permanent change of station (PCS) orders.

Coast-to-coast moves, also known as interfleet transfers, will be authorized primarily only when required for unit readiness. Cutbacks due to the Gramm-Rudman-Hollings budget-balancing act and other

budget reductions within the Navy make it necessary to transfer people coast-to-coast only when there is direct impact on an individual unit's ability to carry out its mission.

Detailers will continue to try and make the best match-ups between billet requirements, individual qualifications and personal preferences within the limitations of the funding constraints placed on PCS interfleet transfers.

PAO Awarded Achievement Medal

Mr. Howard Thomas, Public Affairs Officer for the Naval Medical Command, Northwest Region, is also in the Naval Reserve serving with the Military Sealift Command Pacific on drill weekends.

During a ceremony March 23, LCDR Thomas was awarded the Navy Achievement Medal for his contributions as transportation officer for San Francisco's Fleet Weeks '84 and '85.

The citation, signed for the Secretary of the Navy by RADM Russell Gorman, Commander, Naval Reserve Readiness Command Region 20, said in part, "LCDR Thomas performed his duties in an exemplary and highly professional manner. Displaying exceptional skill and resourcefulness, he voluntarily

commenced performance of his duties many weeks prior to his official requirements, developing plans and schedules and meeting with managers of transportation operating activities. He painstakingly crafted an imaginative and comprehensive transportation plan involving operation of almost one hundred vehicles, and masterfully directed operations of those assets to meet all Fleet Week transportation requirements. LCDR Thomas' performance was of tremendous inspirational value, encouraging all hands to expend the extra effort needed to ensure total success."

Thomas has been Public Affairs Officer for the Naval Medical Command Northwest Region since July 1983.

FSC Sponsors Self-help Workshop

As a housewife, do you feel undervalued? Are you looking for new directions? Is your self esteem at an all-time low? "Inner-views" is a newly designed self assessment workshop especially for women considering re-entry into the job market, a change of careers, or those desiring to find a focus for their talents.

Sponsored by the NAS Alameda Family Service Center, "Inner-views" is set for Wednesday, April 23, from 9 a.m. until 3 p.m. at

the Family Service Center Conference Room in Building 613 near the water towers. Conducted by Jean Reichert, the FSC Employment Resource Specialist, this workshop helps you discover your assets, explore your values, and evaluate your interests.

The workshop is offered to all active duty and retired military members, and their spouses. To register, call the Family Service Center at 869-4111.

Audubon Ranch—seeing is Believing

If seeing is believing, then this one you have got to see. Located three miles north of Stinson Beach on Hwy. 1, the Audubon Ranch will be open this year, Tuesday through Sunday, until July 14. The ranch is easily found—turn right at the white ranch and look for a large parking lot.

There is a half-mile hike along a moderate trail to an overlook where the nesting blue heron and great egret can be viewed feeding their young. Small scopes are available for closer visual observation; better yet, bring your own binoculars. Even without a telescopic lens, you can take some fine pictures before noon, as the nesting birds are only 100

yards away and 15 degrees below the horizon. Every few moments the parents fly out to Bolinas Bay for more food and on their return excellent pictures of the young being fed are available.

DISPLAY ROOM BOOKS AND POSTCARDS, PICNIC AREA

These are all accessible to the handicapped and the nesting birds are visible from the picnic area if you think the trail may be too much for you. The ranch is owned by the Audubon Society. While there is no charge for visiting, donations are accepted. Call (415) 383-1644 and the Audubon people will send more information at cost.

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News

AIDS Screening continued from page 1

simply confirms the presence of the HTLV III antibody.

People who have the antibody are evaluated medically for about two weeks at one of four Naval hospitals: San Diego, Oakland, Portsmouth or Bethesda. Individuals who are healthy and show no sign of immune deficiencies are returned to full duty status at a major CONUS shore

facility near one of those hospitals. People who do show these signs will be referred to a medical board for evaluation.

The Naval Medical Command has established detailed and comprehensive procedures for the collection, handling and analysis of blood samples for HTLV III testing.

Civilian Doctors Review Military Medicine

Starting no later than April, civilian doctors will begin a one-year review of military hospital care.

The worldwide review, which could be extended for another two years, will examine about 15 percent of the one million annual military hospital admissions and measure the care given against standard criteria to be developed by the civilian doctors and the Department of Defense.

DoD has awarded a contract to the Commission on Professional and Hospital Activities, Ann Arbor, Mich., for a civilian physician peer review of the quality of medical and surgical care provided in the military's 168 hospitals.

"This unprecedented external peer review of military medicine...will dramatically complement the quality assurance programs we have put in place in the past two years," said Dr. William Mayer, assistant secretary of defense for health affairs.

All medical charts reviewed by the civilians will be screened against a standardized checklist of 18 indicators of poor care—the same list that is already used by military quality assurance people to screen all hospitalizations. This feature is expected to provide a check on the accuracy of the military's own data.

Information from the reviews will be provided to hospital commanders, service surgeons general and Mayer's office.

Calling the civilian-military partnership "a giant step forward to build credibility and confidence in the quality of military health care,"

Mayer said the information gained from the reviews would help military hospitals identify any quality of care issues. He also said that as similar data becomes available elsewhere in American medicine, the review will provide a data base for comparison between military and other elements of American medicine.

Mayer said he is convinced the overall quality of military medicine is equal to or better than civilian care, despite a relatively small number of highly visible tragic instances of medical mischance.

"But," he added, "the fact remains that there has been no objective way to measure overall quality of care in either the civilian or military sectors and, therefore, no precise way to compare quality of care."

Among aspects on inpatient care to get special attention in the reviews are:

- all readmissions within 14 days of discharge from previous hospitalization;
- all surgically related deaths;
- all neurological problems that may be related to anesthesia;
- all cases of organ failure not present at admission; and
- all post-operative complications.

Emergency service reviews will examine unplanned returns to the emergency room within 48 hours of previous treatment; all patients who die in the emergency room; and all patients dead on arrival when emergency transportation was the military hospital's responsibility.

Naval Aviation Essay Contest

The United States Naval Institute is honoring the 75th anniversary of Naval Aviation with a special essay contest. Entries can cover practically any aspect of the broad-based topic, "Naval Aviation Today and in the Future."

Cash prizes of \$1,000, \$750 and \$500 will be awarded to the authors of the three winning entries, which will be published in a special naval aviation issue of *Proceedings*, the Naval Institute's monthly magazine with a circulation of more than 100,000.

Each entry for this special essay contest must follow these simple rules:

- Articles must be original and no longer than 4,000 words.
- All entries should be directed to: Editor-in-Chief, USNI *Proceedings* (Naval Aviation), U.S. Naval Institute, Annapolis, MD 21402.
- Entries must be received at the above address on or before May 1, 1986.
- Entries must be typewritten, double-spaced, on 8½x11" paper.
- The entries will be judged by the Editorial Board of the U.S. Naval Institute.
- Anyone can enter—with multiple entries, if desired.

Poisoning—Prevention is the Cure

By CAPT J. H. Black
Commanding Officer Naval Hospital,
Oak Harbor

Every year in the United States there are at least one million cases of poisoning and half of those cases are children. Eighty percent of these cases involve products commonly found around the home. Products like over-the-counter medications, prescription drugs, pesticides, household cleaners, and some cosmetics are just a few of the categories that represent the more than 250,000 different items that make our lives better through chemistry.

Poisons come in all shapes and sizes. There are those that can be absorbed through the skin (solvents, pesticides) and those that can be inhaled (carbon monoxide, smoke, powdered insecticides). Further, there are also those that can be taken internally, by mouth, and those that are injected (venom, certain drugs). The average home contains many items that the curious child can get into and create bodily harm. BBQ lighter fluid, bleach, fish bowl additives, colognes, cleaning compounds, and even some house plants can be toxic to a child. When there are 3000 deaths annually due to poisoning, it behooves us to take a closer look at this problem.

As always in the health field, prevention is the best form of attacking this problem. Often, there are few symptoms of poisoning before it's too late and today's chemicals are often very complex and difficult to neutralize. Seventy percent of pediatric poisoning cases occur in children less than 5 years old. Why? They're curious, fast movers, can't read labels expressing danger, close to the ground where many things are stored in cupboards, and are amazingly ingenious. Any parent can attest to what a toddler can get into during the amount of time it takes to answer the door or phone.

When we think of child-proofing the storage areas for dangerous products, one might think of the child-resistant tops now found on many items. Though seemingly a nuisance, these tops, introduced in 1972, have accounted for the majority of the 75 percent decrease in poisoning cases. It is wise to use them, whenever possible.

What else can concerned individuals do to prevent such disasters?

- Keep ALL household chemical products and medicines out of reach and out of sight of youngsters and, preferably, locked up when not in use.
- When these products are in use, never let them out of your sight—even if you have to take them along when answering the phone or doorbell.



- Store all medications separately from household products, and store all household chemical products away from food.
- Keep all items in their original containers.
- Leave original labels on all products, and read the labels before using such products.
- Always turn on the light when taking and giving medication.
- Avoid taking medications in front of children since youngsters tend to imitate adults.
- Never refer to medicine as "candy".
- Clean out such storage areas periodically; safely dispose of medicines and household products when they are no longer needed.
- Use safety packaging properly. Close containers securely after use.
- Store all products as if they were the most dangerous chemical possible. To little children, they are.

Your health care practitioner can assist you in providing you guidelines and training in what you can do to prevent poisoning. Discuss this with them during your next visit to our facility. The Pharmacy also has informative brochures that are available and the local chapter of the Red Cross has training guides and programs available for first aid.

In this series of taking charge of your health, prevention continues to be a most important aspect. It is an equal responsibility of the patient to become an interested, active, and informed health care consumer—begin today!!

Calendar

The Calendar is provided for input of events and activities by all medical/dental facilities in the Northwest Region. Eligible for inclusion are official command-sponsored events and activities sponsored by such groups as enlisted and officers' wives organizations, Recreation Services, Red Cross,

Navy League, Navy Relief, USO, etc. Submit input to your local Nor'wester reporter (a partial list of Nor'wester reporters and their phone numbers is on page 2. A complete list will be printed in a later issue.)

April

11

- Navy Band S.F. ensemble Forecast performs at Officers' Submarine Ball, Mare Island Officers' Club, 6 p.m.
- First submarine, USS Holland accepted by the Navy.
- Joint installation dinner meeting of West Bay Chapter of the Reserve Officers' Association, Presidio Officers' Club, S.F., 6:30 p.m.
- Association of Naval Aviation dinner with RADM Tulley. POC: Bob Lando, 568-7184.

12

- Nimitz 5K/10K run at NAVBASE Treasure Island, 8 a.m. Navy Band opens run. POC: Don Karl, 765-6362.

15

- San Francisco Navy League luncheon at T.I. POC: Shirley Demartini, 478-1072.
- Central Pacific Men's Slow Pitch Softball League starts. POC: Jim Gass, (707) 646-3436 or AV 253-3436.

16

- Women's Slow Pitch Softball League starts. POC: Jim Gass, (707) 646-3436 or AV 253-3436.

18

- East Bay Military Order of World Wars business meeting. POC: LCDR Emil Gustafson, 798-3527.

21-25

- National Secretary's Week.

22

- San Francisco Military Order of World Wars luncheon at Presidio. POC: LT Phyllis Lando 568-7184.

23

- Passover begins at sunset.

27

- Begin Daylight Savings Time, set clocks AHEAD on hour at 2:00 a.m.
- Navy Band S.F. performs at the Blessing of Pleasure Craft in Raccoon Strait. Navy Chaplain and COMSERVGRU ONE participation.

30

- Congress established the Navy Department in 1798.



May

4

- Deadline for entries for Naval Institute Essay Contest on Naval Aviation Today and the Future. Cash prizes of \$500, \$750 and \$1,000. POC: Malcom Kelly, (301) 268-6110.

8

- Monthly meeting Chapter 6 Reserve Officers' Association, Presidio Officer's Club, 6:30 p.m.

15

- Armed Forces Day luncheon hosted by San Francisco Chamber of Commerce. Four star speaker invited.

16

- Armed Forces Day parade at noon, Market Square, S.F.

17

- Armed Forces Day. Black tie military ball.
- Navy Band, San Francisco performs at Calif. Maritime Academy graduation, Vallejo, CA at 11 a.m.
- New Officers Seminar, Reserve Officer's Association for Northern California Chapter officers, NAS Alameda, Ca.

C.O.M. Social Korner

By the Phantom Social Reporter

The Mongolian Bar-B-Que was a great success. There was a very good mix of NAVHOSP, retired, GEOCOM and other personnel there. A goodly number of our on-base residents attended. Among those noted were Captain Cave, Chairman of the "O" Club Advisory Board, Captain Selectee Ed Ellenbeck and his beautiful family. The Artmans were also highly visible and most welcome. The Admiral, Chief of Staff and the entire Chinnery clan were present. The Crews were their usual social selves and freely mingled with all in attendance. It was a fun "family night" and the C.O.M. staff is commended for this great special event while simultaneously catering another equally successful party topside in the dining/ballroom.

Then it happened! The Easter buffet/brunch sold out. We had to turn away Sunday morning callers. Both the dining room and ballroom were filled with happy Easter diners. The brunch itself was scrumptious with a variety of candies for the children. It was a delightful respite from the kitchen and a very special occasion. In addition to our regular

nucleus of club supporters were Capt. and Mrs. Jim Smith with Barb's visiting mother. They wore beautiful orchids. New frockee, Captain Jack Bartlett, Mrs. Bartlett and their two lovely young daughters were still prancing around on cloud nine from their early selection.

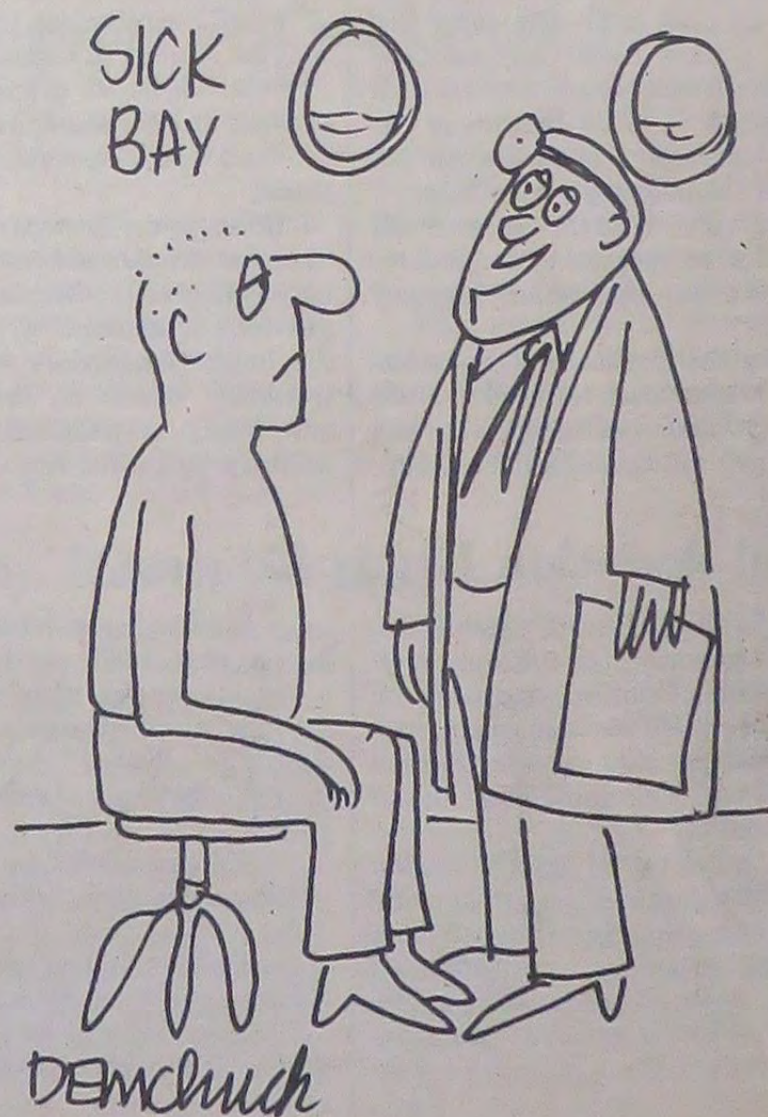
Rumor control indicates that "Saucy Aussie Nanette" will be leaving the C.O.M. staff in April for bigger and better things...(wedding bells??).

Also, we hear that LT Perez may be donning Gyrene Green this summer. Stay tuned for more fast-breaking news as it develops. Don't be left out - make your reservations early.

Upcoming events:

April 20 - Wine tasting Brunch - 11-20 wineries represented!
April 25 - Beef & Burgundy - Plus Navy Wives Guild Art Auction

Don't read about your friends and neighbors being there. Be part of the action and be recognized.



"You're in luck. I'm prescribing a long sea voyage for you."

Gazette



The Intramural Basketball Champions of the Naval Hospital Oakland: the civilians.

SCENES FROM THE SIDELINES

Civilians Take Basketball Championship

By Ron Brown

The civilians captured the highly coveted intramural basketball crown for 1985-86.

The season came right down to the wire on Thursday March 27 as the quintet from the civilian staff of employees defeated a strong team from the operating room (OR) by a score of 62-52. The civilian team avenged the previous nights loss to the OR 48-45, forcing the "rubber match" on the 27th.

A. Motley led all scorers with 27

points on 10 field goals and seven free-throws. Seventeen of those points came in the second half. R. Milsap led the OR team with 13 points.

The civilian team emerged the champions out of nine teams starting in the playoffs.

Other teams in the playoffs, in addition to the civilians and OR, were: 30 Plus, FIL/AM, Cardio Pulmonary, Ortho, NP, Special Services and the GEOCOM.



In a come-from-behind victory in the intramural basketball tournament, the civilians add two more points.

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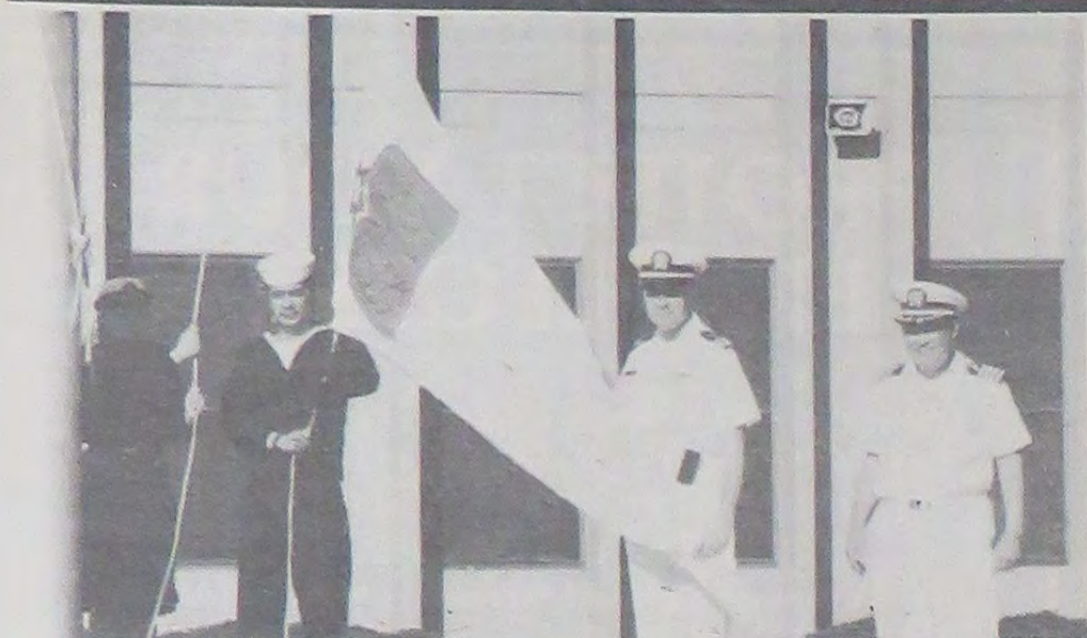
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A possible first: the Jewish pennant is hoisted at the Naval Hospital Oakland by (l to r) SA Candy Henricks, HA Ruben Gonzales, Chaplain Kalman Dubov and Chaplain L.L. Westling.

The Festival of Passover Begins April 23

by LCDR Kalman Dubov,
CHC, USNR

On the evening of April 23 and on the following night, Jewish communities the world over will be celebrating the Festival of Passover. This Festival commemorates the very genesis of Jewish nationhood, when God took the Jewish people from an abject slave state, and made them His nation, to be unto him a kingdom of priests and a holy nation. The celebration centers on these two evenings, when a special communal meal is shared, and the epic story of Passover is told.

During the meal, special foods are consumed, which recall for all present the bitterness and the difficulty of 210 years of slavery. For this reason, horseradish, usually fresh grated, is consumed. Also, a mixture of nuts, apples and wine is eaten which reminds all present of the bricks that the Jewish people were required to manufacture.

During the entire Festival period, which lasts eight days, no leavened foods are eaten. The reason for this prohibition is that the Jewish people had to leave Egypt very quickly; their bread, therefore, did not have time to rise. The bread they ate that morning was a flat one. Today, Jews will eat a special type of cracker called "Matzah" which has not been allowed to rise in the baking process.

One of the basic themes of these evenings is that the story of Passover will be centered on the children participating in the meal. They will be encouraged to participate as much as possible. The youngest child in the group is taught to ask the "four questions" of why this night is different from all other nights in the year. Also, the children present are required to seek some of the Matzah hidden in the early part of the evening's festivities. Since they receive prizes for this search, it is usually carried out with a degree of anticipation and excitement.

Another aspect of the evening is

the requirement that all present drink four cups of wine, a reminder of the four methods of release which God used to free the Jewish people. This is based on the Biblical passage of Exodus 6:6-7, in which God uses four different expressions of redemption for the time that the Jewish nation would be released from bondage.

The main theme of Passover is one of remembrance. A popular custom among many Jews during the Passover celebration is that a chair is designated for those who are presently enslaved by hostile governments, whose Passover celebrations are held secretly, whose members are often in a gulag not of their own choosing, if not in a prison, for their desire to be a free people. Last year, at this time, we all celebrated Operation Moses, when Jews from Ethiopia were brought out of true slavery to a dictatorial regime, from a country stricken with droughts and famine, and allowed to come to their land of Israel. This year we all celebrate the miraculous freedom of Anatoly Scharansky. For many years, as Anatoly languished in Christopol prison for his political and religious activism, many Jews had a chair for him. He was recognized as the symbol of those Jews who wish to, but are not permitted to, emigrate from communist slavery to religious freedom in the West. The chair at the Passover celebration still stands empty as a perennial reminder of those Jews and non-Jews who languish in both mental and physical slavery.

Passover speaks to us clearly that we must take hope for tomorrow, that evil will one day be vanquished, and that He will establish His glory on His holy mountain and that true freedom will be shared by all of the family of mankind.

This year the Passover celebration at the Naval Hospital Oakland was conducted by Chaplain Kalman Dubov during his visit on April 1.

Sailor of the Year—a Personal Look

"I want to thank my mother and father for building the moral fiber in me, and for instilling in me a desire to accomplish any job I take on, and the desire to do the best I can no matter what the obstacles may be."

Those words reflect the foundation upon which NAVMEDCOM NWREG Sailor of the Year DT1 Carol Varner approaches life.

This bright, energetic hardworking sailor is among the three finalists for NAVMEDCOM Sailor of the Year.

DT1 Varner's many accomplishments are listed in the 14 March issue of *Nor'wester*. What follows is a look at the person.

Carol Varner was born in Dayton, Ohio, the oldest daughter of Kenneth Varner, of Charleston, West Virginia and Mrs. Helen Hupp of Warwood, West Virginia.

Carol graduated from Warwood High School in June 1971, and enlisted in the Navy on her birthday that same year. The young airman was sent to NAS Alameda for her first tour of duty following boot camp. As the first tour came to an end she looked hard at her alternatives -- an aviation rate? photography? Hospital Corps? Dental Corps?

Once the decision was made it was all head full through Dental Tech 'A' School and Dental Tech 'C' Laboratory School.

She has taken each new duty assignment by storm. "Whenever I go to a new dental command, I get out the paints and start painting. You need color. It improves the work environment, and the patients don't feel like they are on a ward."

During her Navy career Carol has always been a team player, leader and an incredibly hard worker. Carol has been involved in team sports as a player and coach and has amassed nearly 100 trophies for her efforts.

"I believe in people. You can't get anything done without people," says Carol. She leads by example, and cares for those who are her subordinates. As a career counselor she says, "One of the first things I do with people when they check aboard is to go over their enlistment contract with them. Most people don't seem to understand what their enlistment contract says to them. I try to explain what upholding Navy customs and traditions really means. I let



DT1 Carol Varner examines a mold from impressions of a patient's teeth; she prepares to fashion a new dental appliance. (Photo by HM3 Bobby Brown)

them know that in signing that contract they gave up some of their rights to protect the rights of everyone. In addition, I tell them their supervisors have a responsibility to them too. And, that they should hold us accountable to help 24 hours per day. And, I tell them they can call me at midnight or whatever, if they have problems. That's why I'm there."

As mentioned before, Dental Officer Varner is an extremely hard worker. In the 14 March issue of *Nor'wester* it was reported that she worked 225 hours per week. That is impossible to do since there are only 168 hours in a week, and anyone who has ever tried to keep pace with Carol has found out what it's like to work 225 hours in a single week.

How does she keep up such a pace? Her answers are many. "I'm a Type A personality. My mother pushed me too early. I've always been physically fit. I like my job. The only reason I think I can accomplish this is because I'm single."

Where is this dynamo headed? "My goal, more than anything I want from the Navy, is to be commissioned in the Medical Service Corps. I really want that very much. If I could get commissioned I would be more than happy to stay 30 or more years," she explained.

Will she make that goal? "I'm not going to quit. That's not in my mind," she added.

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USNS Mercy—Newest Hospital Ship was a Supertanker

It has been said that hospital ships are children of necessity conceived and nurtured by war. Readied for action during national emergency, rarely have such vessels been maintained in peacetime.

With the completion of the USNS Mercy, scheduled for February of 1987, the Navy will once again have a floating surgical hospital, capable of providing medical care to Marine amphibious forces, Navy units deployed overseas, and the Rapid Deployment Force.

Although 15 Navy hospital ships were operating by the close of WWII, only the USS Relief began as a hospital ship. All the others were converted from liners, freighters and transports. In a radical departure from convention, the Mercy and her soon-to-be sister ship Comfort are being converted from supertankers.

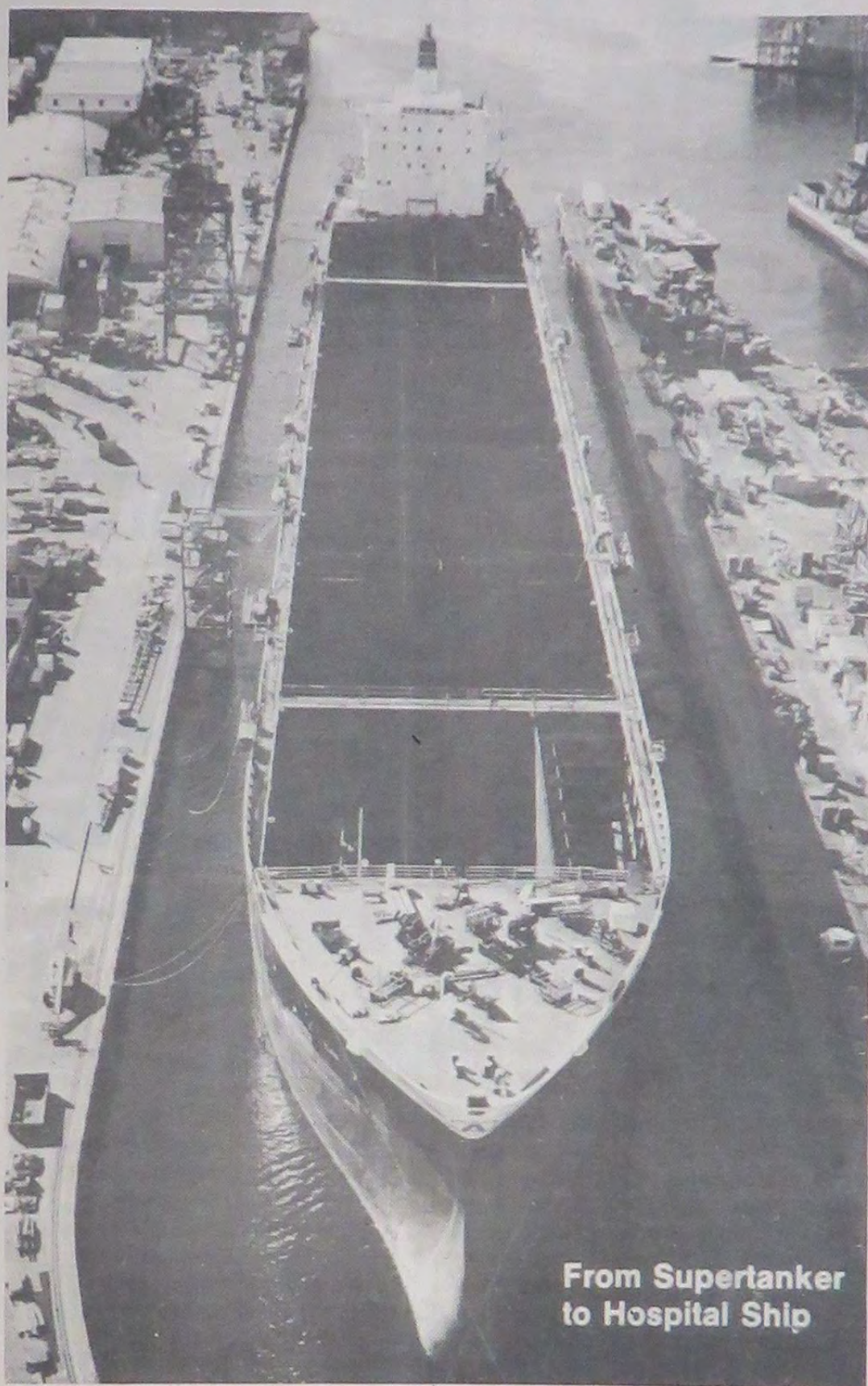
Navy planners say the basic design of these supertankers lends itself well to the requirements of a hospital ship. The low center of gravity gives the ship anti-roll stability for crew and patient comfort and the length of the ship (894 feet) allows for a large central helicopter landing deck and flight control facilities.

A specially designed propeller, 26 feet in diameter, will propel the vessel smoothly through the water, even when the ship's ballast tanks are empty and the propeller is only partly submerged. Bilge keels, one on each side, running length of the ship, also increase stability.

The Mercy will be a floating hospital in every sense of the word, with a 12-room operating complex, an intensive care unit, seven intermediate care wards and two light care units.

The Mercy is 71 percent complete. All beds have been installed and all utility equipment is in place. Crews are now working from lower to upper decks, completing finishing touches such as tile and non-water-tight hulls.

In a simpler age we awaited the break of hostilities before hastily converting civilian vessels



From Supertanker to Hospital Ship

to hospital ships and rushing them into action. Navy officials say the post World War II experience of Korea, Vietnam and Iran and the middle east have proven that hospital ships will be a necessary part of U.S.

military readiness.

—THE NAV-A-GATOR

USNS Mercy is scheduled to be in port at the Naval Supply Center Oakland during the month of April for additional outfitting.



Hospital Ships Named "Mercy"

By C. A. Wolff, (USN, RET)

"Compassion shown to victims of misfortune," is how Webster's defines Mercy. That definition depicts the service of two Navy ships who have borne the name in the past.

The first Mercy (AH-4) was commissioned in 1918. She was a 350-bed hospital ship built in 1907 as SS Saratora for the Ward shipping line. She was purchased by the War Department and used as a troop transport during World War I. She was converted to a hospital ship in January 1918 and served in returning over 2000 casualties from the war in Europe. Following the war she operated off the East Coast with Philadelphia as her home port. AH-4 was decommissioned in 1934.

The next ship to carry the name Mercy was (AH-8), commissioned in 1944. She was a 600-bed Comfort class hospital ship. Her medical crew was the Army's 214th Hospital. Navy personnel operated the ship. Mercy (AH-8) participated in the initial landing in Leyte Gulf, 25 October 1944. She served as station hospital in Manila and in Korea. She also participated in the Okinawa campaign in April 1945, transporting casualties to the Saipan Station Hospital.

Her decorations include two battle stars. She returned to the United States following the war, and was decommissioned 17 May 1946.

Now, 40 years later, a new Mercy joins the fleet. A 1000-bed hospital ship enhancing military combat readiness.

"Star Trek" Crew Films Onboard the USS Ranger

San Diego—The crew of USS Ranger (CV-61) experienced a rare treat recently when filming for the movie "Star Trek IV: The Voyage Home" took place aboard the aircraft carrier.

The three-day filming was completed Feb. 27, and many crew members took advantage of the opportunity to become actors in the motion picture.

Two crew members of the Star Trek Starship Enterprise travel back in time to USS Enterprise (CVN-65),

portrayed by Ranger. After finding what they need in San Francisco to save the world, the duo must extract gamma rays from the ship's nuclear reactor to power their spaceship back to the future.

According to executive producer, Ralph Winter, Ranger was chosen for the filming because of the practicality. Producers checked into filming aboard various ships, including frigates.

Filming aboard Ranger "created the texture" the producers and direc-

tors were unable to obtain elsewhere, according to Winter.

Leonard Nimoy, who plays Spock and also directs the film, and Nichelle Nichols, who portrays CDR Uhura, were also on board for the filming.

The filming of "Star Trek IV" aboard Ranger has allowed its crew to boldly go where few sailors have gone before - onto the screens of theaters across the country.

Hornet Club Meets

The USS Hornet Club will be holding their 38th Annual Reunion, 6 June, 1986 at the Tides Hotel and Bath Club in North Redington Beach, St. Petersburg, Florida.

All officers and enlisted men who served aboard USS Hornets CV-8, CV-12 and CVA-12 and attached Air Groups are invited.

During this year's reunion, Past President Walter J. Popp of CV-8 will be honored.

For further information contact Rich Richards at (415) 837-5014.

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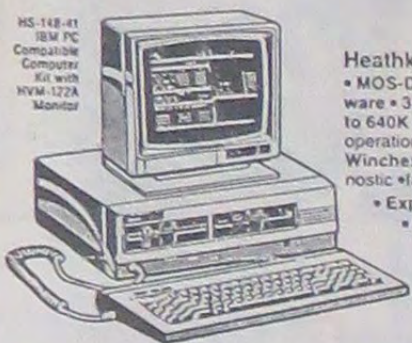
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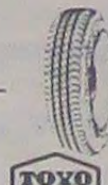
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Nor'wester

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LTJG Bobeck Honored with Achievement Medal

LTJG Ann Bobeck, of the Region's Office of Medical Affairs, was presented the Navy Achievement Medal upon her detachment from the command. Her citation read in part, "The Secretary of the Navy takes great pride in presenting the Navy Achievement Medal to LTJG Ann Bobeck for professional achievement in the superior performance of her duties while serving on the staff of the Naval Medical Command, Northwest Region from 4 June, 1983 to 31 March, 1986.

"Through LTJG Bobeck's skill, poise, and mature judgement, the office of the Chief of Staff was greatly assisted in its effort to steer a clear course during the hectic start-up phase of this major medical command. Thriving on challenge, she willingly and energetically assumed responsibilities usually assigned to those of higher rank and greater experience. In the absence of the Assistant Chief of Staff for Plans and Operations she screened incoming information, prioritized situations and initiated appropriate actions. As acting department head of the Regional Fleet Support Department she made impressive progress in structuring the Office of Medical Affairs, Reserve Affairs, and Patient Administration programs into controllable, well organized programs. Through effective assessment, planning, and organization, she developed a computer program to coordinate regional contingency assets.



LTJG Ann Bobeck receives the Navy Achievement Medal and congratulations from RADM Q. E. Crews, Commander, Naval Medical Command, Northwest Region.

"LTJG Bobeck's dynamic leadership, insight, initiative, and dedication to duty reflect credit upon herself and the Medical Service Corps, and are in keeping with the highest traditions of the United States Navy."

The letter was signed by RADM Q. E. Crews, Commander, Naval Medical Command, Northwest Region.

LTJG Bobeck was among the first five military personnel assigned to the Regional command when it was commissioned. Chief of Staff, CAPT T. F. Levandowski presented her with a "Plank Owners' Certificate".

LTJG Bobeck will report for duty at the Naval Hospital in Philadelphia, PA.

MEDCOM Patrolmen Receive Letters of Commendation

Five Naval Medical Command, Northwest Region Security Patrolmen were presented Letters of Commendation at last Friday's Command Personnel Inspection.

The Letter of Commendation was presented to: MAC Theodore E. Johnson, Security Officer; MM1 Frederick M. Nicholson, Alpha Section Patrol Supervisor; MM3 Fernando Mauricio, Patrolman; BT3 Anthony Nikolaisen, Patrolman; and SN Trellice A. Simmons, Dispatcher. The letter read as follows.

"On 27 March 1986, a call from the Oakland City Police Department was received by the Security Division dispatcher advising of a burglary which had just occurred within the civilian community. The local police suspected that the individual involved in the crime might be attached to the Naval Hospital, Oakland, and passed along descriptions of the suspect, the stolen property and the vehicle involved. This information was immediately and accurately passed to the Security Officer and patrol personnel; and a surveillance unit developed to maintain a watch for the suspect.

"Approximately one and half hours later, Security personnel observed an individual and vehicle matching the suspect's description enter the base. At this time, the surveillance vehicle proceeded to follow the suspect to a parking area. Acting as though on a routine vehicle check, the patrolmen obtained both a positive identification of the suspect as well as tangible evidence linking the vehicle with the alleged burglary, without alerting the individual that he was under suspicion for a crime. Subsequent to this action, the Oakland City Police arrived on sight, arrested the suspect and took possession of the evidence.

"These actions are indicative of the professionalism, training and

please see page 2

Mare Island Selects Corpsman as Sailor of the Year

Mare Island, Vallejo, CA—Hospital Corpsman Second Class (HM2) Karen Angeli has been selected as Sailor of the Year at Naval Hospital Oakland Branch Clinic Mare Island. Angeli was selected twice as Sailor of the Quarter before earning Sailor of the Year here. To what does she attribute her success?

"I feel I would not have been able to make it this far if the people I work

with didn't do good jobs too. I've been moved to several jobs here at the Clinic and been able to do them well. But, if the people I work with didn't do a good job it would have reflected on me. Like down at the Physical Exams Department. The people there had to do good physicals just like I had to do good physicals. But, because it was my department, I got the recognition. I'd like them to know that I know I didn't get

selected for this because of my efforts alone—I had a lot of help."

While Angeli was in charge of the Physical Examination Department those attending a Fleet Liaison meeting (where Corpsmen from afloat commands come to the Clinic to discuss their interaction with the Clinic), it was determined unanimously that the Physical Exams Department at Mare Island offered the best

please see page 3

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Op/Ed

Noted With Interest

DT Ratings Undergo Restructuring

Washington (NNS)—Senior Dental Technicians (DT) have a better chance to pursue specialized clinical jobs, and people with a Navy Enlisted Classification Code (NEC) in prosthetics and repair will be recognized and managed as closed-loop NEC groups due to a restructuring of the DT rating. This means people will be detailed to billets which call for their expertise and NEC.

The reorganization of the DT rating will also eliminate multiple advancement paths. After this takes effect, there will be only one advancement examination for the entire

rating, instead of the three exams now required.

The change will allow for better management and equal competition for advancement among all Dental Technicians.

The Naval Medical Command and the Navy Occupational Development and Analysis Center here are revising the DT occupational standards which are scheduled to be published in early 1987.

Advancement examinations based on the new standards will begin with the January 1988 Chief Petty Officers' examination.

Officer Frocking Policy Reviewed

Washington—The Navy's officer frocking policy is being reviewed along with other armed services' policies by the Office of the Secretary of Defense. Until the review is completed, certain prerequisites must be met to frock Lieutenant Commanders through Admirals.

First, the promotion list must be signed by the President and forwarded to the Senate. Second, the list must be confirmed by the Senate and announced to all commanders by an

ALNAV message.

Finally, an officer must be in a billet that is authorized for the higher grade or, upon permanent change of station detachment, ordered to a billet that is authorized for the higher grade.

The policy for enlisteds remains the same. They can be frocked, but must wait until the first pay increment takes place. Newly appointed Chief Petty Officers wait until the CPO initiation to be frocked.

Security Note—Let's be More Aware

Due to the current world situation, it behooves all of us to increase our awareness of our everyday surroundings. Of special note we should increase our awareness of strangers inordinately loitering in any of our areas of concern. Strange packaging, boxes, briefcases in unusual areas or left unattended should be viewed with guarded caution. Vehicles inappropriately parked in close proximity to buildings or in unauthorized spaces

should be suspect.

Should you have any questions or concern including the above, immediately notify your superior or any individual in authority. Best judgement will be exercised by those individuals in notifying security and higher authority.

This information is not intended to cause apprehension or panic. It merely alerts us to be aware. In today's environment, anything less would be sheer folly.

Oak Harbor Civilian of the Quarter

Mrs. Genevieve Ling has been selected as the Naval Hospital, Oak Harbor Civilian of the Quarter.

She is recognized for her performance as a member of the Medical Records Processing Division, where she is responsible for transcription of physicians' dictation, processing of medical boards, command correspondence from various hospital departments, and the coordination, receipt and distribution of all tissue examination documentation.

She is an active member of her church choir, enjoys gourmet cooking and would like to learn herbal cooking and how to play the guitar.

Community Service—Get Involved!

From time to time we hear such comments as, "There isn't anything to do?" "How can I get involved in my community?" "How can I gain recognition for extracurricular activities so that I can be competitive in special personal awards programs?" "What can I do to have comments put in enlisted, officer, or civilian personnel record to indicate I contribute my free time to my community and for the common good?"

Here is some food for thought. How about an "Adopt the Zoo" program? "Volunteers for Childrens' (or other) Hospital"? Be a "Trash Buster" on your base. Volunteer to help out in Special Services. Volunteer to be part of the "Auxiliary Security Force" on your base during off duty hours.

Often it is seemingly difficult to go off singly and join in such efforts. Why not have organized groups on base that would coordinate such activities, document your services, and provide reports to your C.O.s on your contributions? There are those

whose time will not permit them to provide personal community service. How about organizing a group that would be willing to contribute funds from such a group to a zoo, a museum, a public TV station, a hospital, etc.?

There are enough such needs in every command or community so that every person and family who works or lives on any of our bases to become involved. We at the GEOCOM are very willing to set up the mechanics for such programs and will be ginning up some such programs.

If you have any ideas or are interested in being part of such activities or are willing to have your command do something along this line, let us hear from you.

For more information/input contact Mr. Howard Thomas at 633-6017 or Special Services at 633-6014. Don't procrastinate. Do it now, while you have that spirit and are thinking about it.

CHAMPUS to Collect on Settlement

A Washington, D.C.-area group psychiatric practice has agreed to repay nearly a million dollars to the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) in a March 25 settlement of a dispute over what CHAMPUS officials called questionable billing practices by the group.

The \$850,000 settlement with Metropolitan Psychiatric Group (MPG), based in Bethesda, MD, was the result of a November 1983 audit by CHAMPUS. The following June, the audit findings were referred to the Defense Department Inspector General. CHAMPUS stopped processing claims from MPG in August 1984.

The U.S. government alleged that MPG "submitted false and misleading claims" to CHAMPUS claims processors over a six-year period, beginning in 1978. The

Government also alleged that MPG did not adequately document treatments for which they billed CHAMPUS. The result, claimed the government, was that CHAMPUS was overcharged for inpatient psychiatric services rendered by MPG to CHAMPUS-eligible persons.

The group denied any wrongdoing in its response to the charges and agreed voluntarily to the reimbursement.

Quality of care has not been an issue during the dispute, only the validity of MPG's billing practices and records. CHAMPUS resumed processing claims for MPG effective March 26, 1986.

The successful conclusion of this case is another example of CHAMPUS' continuing effort to identify and eliminate fraud, waste and abuse in all aspects of the program.

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dependents and soon-to-be discharged. Register today. Contact Ruth Ann Dorsey, S.F. USO, 1107 Mission St. (at 7th). Phone 552-2436, Tues., Wed., Thurs. No fee.

Commendations from page 1

attention to duty which characterize the members of the Security Division. In these times of increased security awareness we are indeed fortunate to have individuals of your caliber in these sensitive and vital

positions. It is with great pleasure that I congratulate all individuals involved in the operation for a job well done." The letter was signed by RADM Q. E. Crews, Commander NAVMEDCOM NWREG.

Nor'wester

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News

Family Advocacy Program at TI

by JO2 Roger Ward

Yes, it can happen and it does. In a quiet section of Navy housing, a petty officer walks home after a hard day's work. As he passes by one of the housing units, he hears the cry of a small child, then the scream of an adult voice as the child's cries grow louder. The petty officer hears a crash and the sound of a child in pain and then plaintive sobs. He rushes home in a quandry—he knows the family, they are good people—they have worked and played together. What should he do?

In another section of housing three small children are playing with matches in a carport, dropping the burning matches near an open gas can. A neighbor stops them, takes the matches, and rushes to the front door to find the children's parents. The door is open and she knocks and calls but there is no answer. The parents are not home and the children have been left behind to fend for themselves.

A police dispatcher receives a call from a concerned neighbor who has heard a commotion next door. A unit is dispatched to the residence and finds a domestic quarrel underway—a particularly violent quarrel. The wife is bleeding from a cut in her lip and the husband is threatening her with his fists. The argument is stopped and the couple calmed down, but where to go from there?

The incidents described above are fictional, but they do happen on military bases across the nation. They are examples of the abuse and neglect which for various reasons plague too many military families these days. An increased awareness of such problems is reflected in the new emphasis the Navy is placing on programs designed to deal with these domestic problems.

"The problem is not new", said LCDR Janetta Jackson, Director of Treasure Island Family Services Center, "it's just that we are beginning to recognize and report more, so everyone is more aware of the problem."

Although the Navy has always responded to reports of spouse abuse, child abuse and neglect, only recently have programs been developed and put in place to deal with the causes as well as the effects. The Navy has established training programs for those who must deal with such cases and for those who are the victims or perpetrators of family violence or neglect.

Although the system is rather new, LCDR Jackson feels most programs are in place and functioning more efficiently and effectively as each day passes.

One of the many effective programs set up by the Navy is the Family Advocacy Clinical Sub Com-

mittee whose members are drawn from the TI Branch Clinic, Family Service Center, TI School, Public Health Nursing, the Coast Guard Family Program and TI Security. In addition, there is presently a line-managed FA Committee chaired by the Executive Officer of NAVSTATI which oversees admin/policy making functions. The panel was established to help families receive counseling needed to solve their abuse or neglect problems and to help keep the family together.

When a report of child or spouse abuse, neglect, sex abuse or rape is reported to the TI Security Department a call is also made to the Deputy Family Advocacy Representative, LCDR Maureen Robards, or Family



Gail Engler.

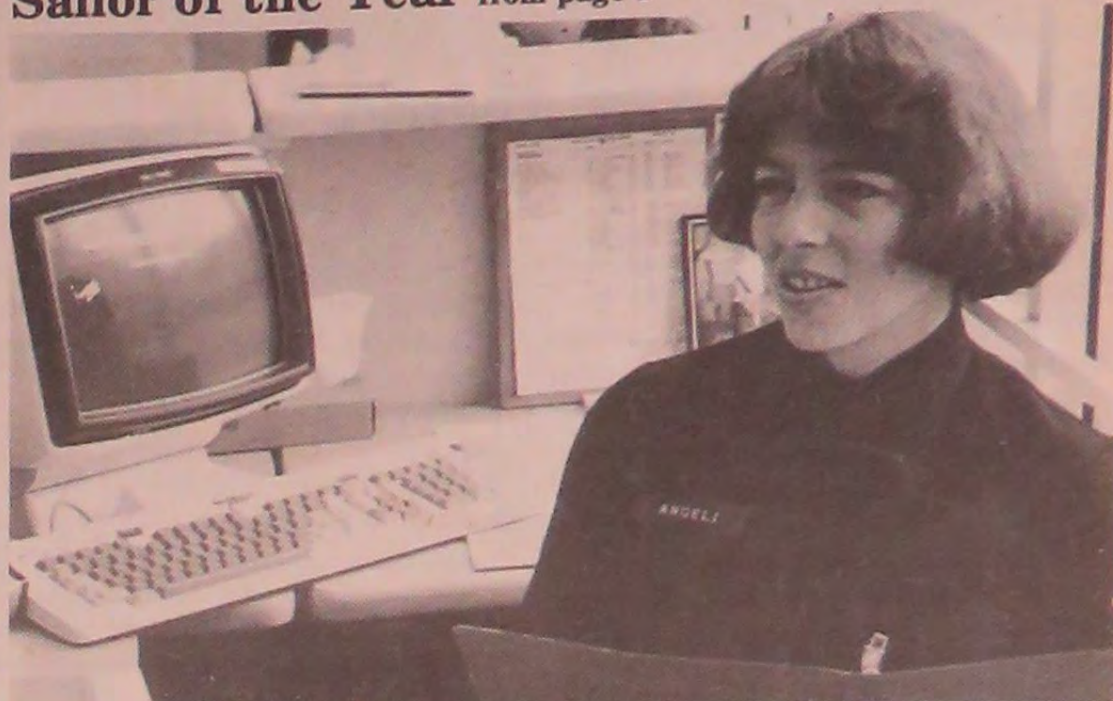
Advocacy Program Specialist, Ms. Gail Engler — to apprise them of the situation. Ms. Engler is responsible for the case management aspects of Family Advocacy cases. She interviews the persons involved, makes an assessment of how they can best be helped, designs a treatment plan and then refers them to appropriate resources either in the military sector or in the civilian community.

LCDR Robards said, "By directive we have 24 hours to notify the command if we even suspect an abusive situation". And when such a situation is reported a number of resources are made available to the family members through the Family Service Center and the Naval Hospital Oakland. "Our goal is to be therapeutic, not punitive," she said.

Through a comprehensive, cooperative program of education, prevention, treatment and discipline, the Family Advocacy Program works to recognize and prevent continued domestic violence.

As a way of educating and increasing the public's awareness about the problem of child abuse, April has been designated National Child Abuse Prevention Month. In addition, April is also the month for recognition of the Military Child.

Sailor of the Year from page 1



HM2 Karen Angeli now works at the newly established information counter at the Naval Hospital Oakland Branch Clinic Mare Island.

service on the West Coast.

Angeli, a six-year Navy veteran, has been in the admirable position of serving most of her career with her husband, HM2 David Angeli. The Angeli's have been together since Hospital Corps School and have served in Okinawa and Camp Lejeune in addition to attending Field Corps School together.

What does her husband think of her earning Sailor of the Year?

"Dave and I went up for Sailor of the Year, against each other. He was selected as Sailor of the Quarter a few months ago. Because of transfers we were the only two up for it this time," says Karen Angeli.

How did HM2 David take losing to HM2 Karen? Angeli laughs as she answers.

"He said, 'I'm glad it was you! If I had to be beaten by somebody, I'm glad it was my wife!'" Angeli chuckles again then says, "He's very proud of me. In fact he's said he thought the right person won."

Why was she selected over her husband?

"We were told that on a day-to-day basis, I can handle the stress better than he can. I can have a problem and sit out there and have a smile on my face and do the job. The only thing that will bother me is if my kids are sick. They are my first priority."

What does the future hold for

Karen Angeli?

"As I said, right now, my first priority is my children but when they start getting older I want to go back and finish my education." Angeli has 2½ years of college behind her at the Holy Names College in Oakland and at U.C. Berkeley where she majored in biology.

Does she want to stay in the medical field?

"Right now, the future is uncertain. However, if I stay in, I'd like to get into the Medical Service Corps. I like administrative work. If we don't stay in, I'd like to go into hospital administration on the outside. If Dave stays in, I'd like to finish out my 20 years too. If I could get into the Medical Service Corps, that would be fine but either way, I'd like to finish out my 20 years with Dave. If I get out at the end of this enlistment and Dave stays in — every time he got transferred, I'd have to give up my job."

"Our entire career has been together and our orientation is to staying together. Our opportunities for staying together are better if we both stay in or both get out since the detailers will keep us together if they can swing it. But our future is uncertain right now. I don't want to get out if Dave stays in because I don't really want to be away from him for four years."



"Quite frankly, Sarge, you're one in a million."

Calendar

The Calendar is provided for input of events and activities by all medical/dental facilities in the Northwest Region. Eligible for inclusion are official command-sponsored events and activities sponsored by such groups as enlisted and officers' wives organizations, Recreation Services, Red Cross.

April 27

- Begin Daylight Savings Time, set clocks AHEAD on hour at 2:00 a.m.
- Navy Band S.F. performs at the Blessing of Pleasure Craft in Racoon Strait. Navy Chaplain and COMSER-VGRU ONE participation.

30

- Congress established the Navy Department in 1798.

May 4

- Deadline for entries for Naval Institute Essay Contest on Naval Aviation Today and the Future. Cash prizes of \$500, \$750 and \$1,000. POC: Malcom Kelly, (301) 268-6110.

8

- Monthly meeting Chapter 6 Reserve Officers' Association, Presidio Officers' Club, 6:30 p.m.

Navy League, Navy Relief, USO, etc. Submit input to your local Norwester reporter (a partial list of Norwester reporters and their phone numbers is on page 2. A complete list will be printed in a later issue.)

15

- Armed Forces Day luncheon hosted by San Francisco Chamber of Commerce. Four star speaker invited.

16

- Armed Forces Day parade at noon, Market Square, S.F.

17

- Armed Forces Day. Black military ball.
- Navy Band, San Francisco performs at Calif. Maritime Academy graduation, Vallejo, CA at 11 a.m.
- New Officers' Seminar, Reserve Officer's Association for Northern California Chapter officers, NAS Alameda, Ca.

REMEMBER—Turn clocks AHEAD one hour this Sunday night

C.O.M. Social Korner

by Phantom Social Reporter

The Hospital Ball was an elegant affair. It was a classy top-drawer event from the initial hors d'oeuvres to the salads, and the scrumptious prime rib, broccoli with hollandaise, and buttered baby carrots. Johnny, the chef, served up his very special prime rib that melted in our mouths like a fine mousse.

Then came the chocolate marbled cheese cake and coffee, a fitting finale to a gourmet feast. The perpetual wine fountain flowed all evening and the dancers cavorted to the wonderful sounds of the Navy Treasure Island Band (still seen dancing at midnight were the CO of the Naval Hospital and the Chief of Staff of the GEOCOM).

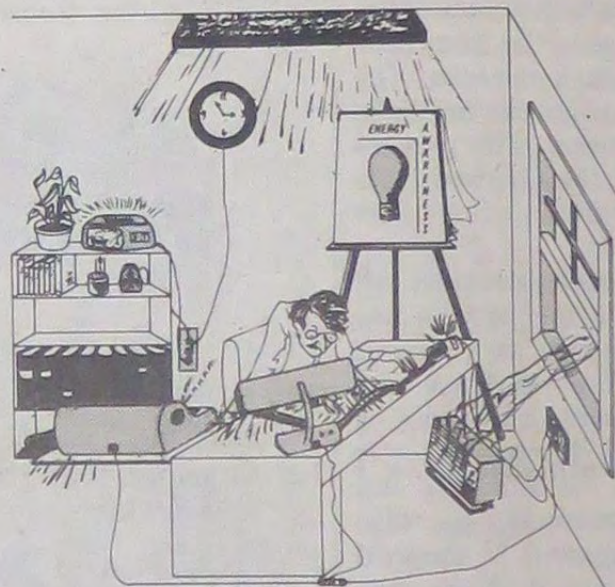
The ladies were absolutely gorgeous in the finest cocktail and ball gowns, and the gentlemen were resplendent in their Dinner Dress Blue Jackets. Mrs. Crews wore a stunning designer black eyelet gown with an apron-like overlay of pale pink set off with an appropriate bow in the back. Mrs. Levandowski looked absolutely coquettish with her off-the-shoulder ruffled creation of blue and white. Mrs. Smyth's blue and green stylish model brightened the entire evening. Jan Klayton wore a gorgeous white full length ball gown right out of the pages of Cosmo. Barb Cayere's slim silhouette was accented by her Dinner Dress Blue and she represented the Clinics Command and the Nurse Corps very well.

Jim Mellema was there with Kit. She had a lovely slinky black gown that set off her fair features very nicely. Our newest Captain selectees Bob Krasner, Jack Bartlett and Ed Ellenback were there in all their glory (and shiny new stripes) with their lovely wives Leslie, Theresa and Kathy. It was good to have Captain Jim Smith and Barb back after his long T.A.D. to Maxwell. There was a wonderful

mix of the younger physicians and MSC's who boogied to the beat.

Bob Cave and his committee did themselves proud putting this one together and the Blue and Gold balloons lent themselves quite festively to the gala occasion. Lieutenant Perez and Nanette Hamling put it all together for a truly delightful, memorable evening.

Another hearty "WELL DONE" to all who made this an absolutely delightful spectacular.



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Gazette

The "Silent Killer" Hypertension Reduces Life Expectancy

By CAPT James H. Black
NAVHOSP Oak Harbor CO

Hypertension, or high blood pressure, is a major risk factor for the development of cardiovascular diseases, which kills over one million Americans each year. More than 20 percent of our population has high blood pressure, a disorder that can lead to congestive heart failure, kidney disease and stroke.

Blood pressure is determined easily and painlessly. The top number of the reading, the systolic pressure, is the pressure the blood exerts during the contraction phase of the heart. The bottom number, the diastolic pressure, is the pressure the blood exerts during the relaxation phase. It is generally accepted that the diastolic reading (the bottom number) is the determining factor in the classification of high blood pressure. Most practitioners feel that readings between 85mm and 89mm are "borderline" hypertension; readings between 90 and 104 are "mild"; those between 105 and 114 are "moderate," while anything above 115 is thought to be "severe."

Classifying hypertension as "primary" or "secondary" depends on the cause. Primary hypertension, also known as essential hypertension, has no discernable cause and yet accounts for about 95 percent of all cases of this disorder. Usually, the treatment of this form is lifelong; you can control this type, but rarely cure it. Secondary hypertension is directly attributable to an underlying condition and is sometimes curable. Causes are many, including side effects of various drugs, kidney disorders and diabetes.

Aptly known as the "silent killer," hypertension is a vicious disease that leaves patients without symptoms until extensive damage is done to an organ. When left untreated, high blood pressure tends to worsen. Severe hypertension may be exhibited by headaches, nosebleed, blurred vision, ringing in the ears and shortness of breath.

Organ damage from high blood pressure is often devastating to the brain, heart, aorta, kidneys and eyes. Strokes may ensue, congestive heart failure may develop, the patient may

suffer an aortic aneurysm, as well as kidney failure and blood vessel damage to the retinas of the eyes. The bottom line is that hypertension, if left untreated, will reduce life expectancy by 10 to 20 years.

Fortunately, most cases of high blood pressure are easily identified and are subject to successful treatment. There are several non-drug approaches to managing the successful course of treatment for hypertension. Here, the patient is paramount. In addition, there are many drugs available for the treatment of this disorder and, once again, the patient's cooperation in the proper use of these drugs often makes the difference between success and failure.

What can you do? Get concerned. Having your blood pressure checked is easy and involves no pain and little effort. If you have primary hypertension, realize now that you will probably have it for the remainder of your life and if you are taking medications for it, that you will be taking these drugs for the rest of your existence.

Countless numbers of hypertension patients tell us that they take their medications only when they don't feel well. Take them every day, as directed. Whether you have high blood pressure or not, you can reduce the chances of having it or reduce the severity of an existing disorder if you lose weight. If you are overweight, exercise regularly every day and develop moderate habits for sodium and alcohol intake.

As always, include your health care practitioner in your decisions. Your physician can be instrumental in the proper approach to treatment, but the first steps often belong to you. You need to ask questions about your disease, your treatment, over-the-counter drug use, exercise programs, diet and proper drug use.

Time and time again, proper health care begins with you. The patient must be concerned and cooperative or treatment will fail. Take charge and make this the year you become concerned with your health. You'll never regret the effort.

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PQS—Not Just Another Training System

by LCDR W.L. Hanson, DC, USN

Training has always been an important facet of professional development for Navy personnel. The goal of course is to improve operational readiness, raise work proficiency and quality of performance, and increase opportunities for personnel advancement. Many times, however, training programs fail to evoke excitement or increase staff motivation and creativity. This failure often centers around the lack of personal involvement encountered with the traditional training approach.

At the Branch Dental Clinic, Naval Submarine Base, Bangor, a multi-faceted, people-oriented training program has been employed which is more appropriately called a qualification system. The underlying premise is in providing a plan for success which is the PQS, and a network of interpersonal teaching experiences through which personnel are directed in a self-qualifying, learning process. By providing exciting participative learning opportunities, we tap into the inherent motivation of men and women to do things that are important to them personally.

The heart of the qualification systems is the PQS Qualification Requirements Document. This document describes the knowledge and skills an individual must demonstrate to perform his duties and to realize his personal goal of advancement. To my knowledge the PQS is a new concept for professional training within the dental community. It is a proven system employed aboard virtually all fleet deployable units. Several features make PQS particularly useful: it (a) identifies training references to be utilized; (b) assigns responsibility for learning with the individual and encourages self-improvement; (c) provides a minimum standard for performance; (d) provides a basic core of knowledge and skills; and (e) records personal progress toward qualification. The PQS builds self-confidence and



DA Virginia Steele receives chairside instruction in operative dentistry from LCDR Wes Hanson during participation in the DAU Training Program.

elevates the participant's understanding of who he is professionally, what he means to his organization, and what he must do to achieve personal advancement.

Since an individual must be trained in order to qualify, two extensive learning opportunities were designed to support PQS. These are the PQS In-Service Training Program and Dental Auxillary Utilization (DAU) Training Program.

The PQS In-Service Training Program consists of a PQS Requirements Guide containing all reference materials pertinent to advancement. The guide also provides a time frame in which completion is expected in order to insure a competitive score on the Navy advancement exams. Additionally there is the In-Service Training Topics Handout which consists of thirty-three lectures presented in a format to supplement the PQS Requirements Guide. Lectures are provided in a timely cycle of training to ensure coverage of material prior to each advancement examination.

The Dental Auxillary Utilization Training Program is an outstanding, participative opportunity which provides an intensive educational ex-

perience oriented to impart advanced skills in sit-down-four-handed dentistry techniques. This eighty-hour rotation provides experience focused upon the application of concepts and principles which received cursory attention during dental technician Class A school. In addition to teaching principles of work simplification, dental team seating and posturing, the rotation provides detailed material covering the duties and responsible of the chairside technician. To improve the student's learning capability, a fifty-eight-page training manual was designed to provide an enduring resource for continuing education and self-study.

The goal of PQS is not to give training lessons, it is to assist personnel in becoming the best within their chosen profession as dental health care providers. Building a productive, professional team of dental professionals requires a philosophy of leadership that provides a plan for the training and successful qualification of all personnel. Failure to set adequate qualification standards is tragic. Leaders invariably receive from their personnel the kind of performance they reinforce.

Clinic Success Prompts Three More to Open

by Sgt. Maj. Rudi Williams, USA

The success of the first military walk-in medical clinic, which opened in Northern Virginia last October, has prompted health care officials to make preparations for opening three more facilities by next October.

Called PRIMUS (for Primary Medical Care for the Uniformed Services), the clinic provides fast, quality, convenient treatment of minor illnesses and injuries in communities with large populations of DoD beneficiaries.

Two more clinics will open in Northern Virginia—one in Burke, near Washington, D.C., and another in the Woodbridge/Daly City area, which is between Fort Belvoir and the Quantico Marine Corps Base. A third clinic will open in the Fort Stewart/Hunter Army Air Field, Ga., area.

"We decided to open two more clinics in the Washington, D.C., area because the demographics here are different than in any other place," said a spokesman for the Army Surgeon General's office, which oversees operation of the clinics. "There are more than 280,000 DoD beneficiaries in this area."

"We don't want to create another overcrowded, overutilized facility," he added.

The PRIMUS staff often treat more than 200 patients a day, well above the 40-patient-a-day average that officials expected when the facility first opened.

Building a PRIMUS clinic in Georgia is the first step toward establishing 10 such facilities in communities throughout the country. That area was selected because the medical facility at Hunter Army Air Field is housed in an old wooden building of World War II vintage. "It can't provide care for all the DoD beneficiaries in the area," said the spokesman.

"We expect to handle more than 36,000 visits a year there."

PRIMUS facilities are open seven days a week, 365 days a year to treat service members and their dependents from all branches of the military services.

Medical care and medication are free to eligible patients.

PRIMUS will treat such injuries and ailments as cuts, bruises, sprains, minor fractures and colds. The medical staff will also perform pap smears, gynecological exams and school, sports and employment physicals.

American Forces Information Service

Arcement Joins NAS Alameda Family Service Center



Kathy Arcement.

Kathy Arcement has joined Xanthos, Inc. providing services

through the Family Service Center at NAS Alameda. She was named Deployment, Information and Referral Specialist in an announcement by Earl Rivard, Program Director for the Center. Kathy replaces Susan Karr who joins Eden Information and Referral, Inc. of Hayward.

Kathy holds a Master of Science degree in counseling with a specialization in career and life planning from California State University at Hayward. Her professional experience includes serving as a facilitator for the U.S. Navy's Alcohol and Drug Safety Action Program; as the Admissions Officer for the University of North Florida in Jacksonville; as the Training

Manager for the May Cohens division of May Department Stores; and as a Career Counselor for Career Management Resources of Houston, Texas. She also has extensive experience as a counselor and consultant in career training and development.

As Deployment, Information and Referral Specialist, Kathy will supervise and coordinate the Center's programs for ship deployment as well as maintain an active referral program for military members and their families who require access to resources outside the Navy community.

Kathy is the wife of a Naval Officer and is a member of the Alameda Officers' Wives' Club.

April 25, 1986

Etc.

A Look at Lady Liberty



For instance, did you know that the Statue of Liberty stands on the outer perimeter of an old Army fort? Fort Eleazer Wood was originally built in 1803 on the southern tip of Liberty Island in response to the threat of war with Great Britain. Eleazer Wood was a West Point graduate and Corps of Engineers officer who had assisted in building the defenses at nearby Governor's Island. He was a hero who was killed in the Battle of Erie in September 1814.

In the early 1800s, the idea was to build forts on Manhattan, Governor, Ellis and Bedloe islands to form a line of defense. Luckily, the forts never had to be tested.

The model for the statue was the sculptor's mother, making Auguste Bartholdi's mother more popular than Whistler's mother. And about 225 tons heavier.

Liberty Island has had a varied history. It has served as a fishing ground, quarantine station, gallows, hospital base, fort, farm, military prison and dump. It's also had several names: The Indians called it Minissais (lesser island); the colonists called it Great Oyster Island. It became Liberty Island by an act of Congress in 1956.

The decision to place the statue facing Brooklyn was probably determined by the shape of the base. The Army Corps of Engineers, which built the stone fort on the island, designed it in the shape of an 11-point star. The statue is facing the most prominent point of the star. It also faces the harbor, welcoming all incoming visitors.

You might also hear some talk about whether the statue belongs to New York or New Jersey. It's New York. In 1883, both states signed a pact to that effect. Both states share the water around it, but New York City policemen protect it, and the 15 people who live on the island pay New York taxes. The 15 people are from the four families who make up the statue's staff members.

The old saying, "She's not getting older, she's getting better," will never be more evident than during this Fourth of July weekend in New York Harbor. That's when President Ronald Reagan will unveil the renovated Statue of Liberty and relight her torch.

Those wishing to travel to New York for the festivities are advised to make their plans as soon as possible. An official of the New York Convention and Visitors Bureau said that as of the middle of February, a few hotels were already booked solid. However, the official pointed out that there are more than 100,000 hotel rooms in New York City, so accommodations could be found for those who act soon.

Whether you travel to New York for the unveiling or choose to wait until later when the crowds are smaller, there are some interesting facts about Lady Liberty that you can dazzle your friends and family with.



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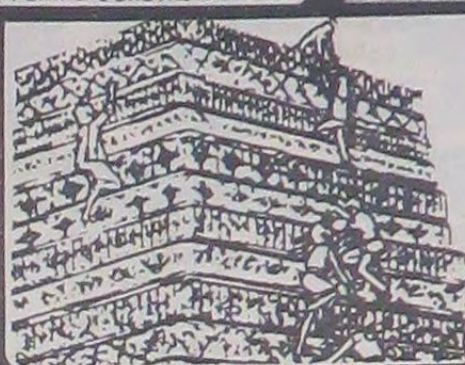
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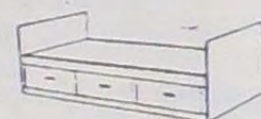


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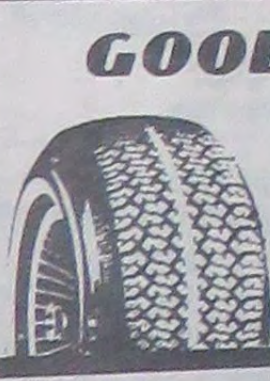
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Nor'wester

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**Naval
Observatory
Keeps U.S. on Time**

Nurse Corps Celebrates 78 Years



Esther Voorhees Hasson was appointed first superintendent of Navy Nursing August 8, 1908. The first 20 nurses had reported to the Naval Hospital in Washington, D.C. by October of that year. Pictured here, they became known as the "Sacred Twenty."

The Navy Nurse Corps will be 78 years old May 13. In honor of their birthday, a celebration is planned for today at the Hyatt Regency in Oakland, California. For information, contact LCDR Hodges at ext. 5628.

A brief history of the Navy Nurse Corps is outlined below:

In 1811, Dr. William Paul Crillon Barton, a young Navy surgeon, was commissioned by the Secretary of the Navy to submit his recommendations for hospitals and institutions for the sick. This was one of his recommendations: "The nurses, whose number should be proportionate to the extent of the hospital and number of patients, should be women of humane disposition and tender manners; active and healthy. They should be neat and clean in the persons; and without

vices of any description...and are to attend with fidelity the care upon all the sick committed to their charge..." This was the idea of nursing nine years before the birth of Florence Nightingale.

It was almost 100 years later, on May 13, 1908, that this recommendation was realized. The Nurse Corps was to consist of one superintendent and as many chief nurses, nurses and reserve nurses as may be necessary.

On August 8, 1908, Esther Voorhees Hasson was appointed first superintendent, and by October, the first 20 nurses had reported to the U.S. Naval Hospital, Washington, D.C., for orientation and duty. They later became known as the "Sacred Twenty."

Navy nurses were sent overseas to

the Philippines as early as 1910 and shortly thereafter to Guam, Honolulu, Yokohama, Samoa, the Virgin Islands and Cuba. A school of nursing was established on Guam and Samoa for native women.

When World War I started, the entire enrollment of regular, reserve and reserve force nurses was only 466. Naval base hospital units were established at several civilian hospitals and many nurses were sent to the Navy's base hospitals in England, Ireland, Scotland and France. Some were loaned to Army field units in France.

1918 was a busy year, for it saw the first Navy nurses' uniform, a pay increase to \$60 a month and the first nurse regularly assigned to transport

please see page 7

Oak Harbor Officer Awarded Medal

LT Jerry R. Carley, NC, of the Naval Hospital Oak Harbor, was recently presented the Navy Commendation Medal for duties performed while attached to Naval Hospital, Corpus Christi, Texas.

The commendation, signed by ADM James Watkins, CNO, said in part, "For meritorious service while assigned to various nursing billets...As a staff nurse on a busy surgical ward, LT Carley demonstrated initiative and tenacity, actions that resulted in excellent direct and indirect nursing care. Through freely shared outstanding clinical skills and knowledge, he greatly enhanced the professional development of his staff. As an intensive care nurse, his clinical expertise ensured quality patient care to the critically ill and provided emotional support to their families. Most recently as charge nurse in the busy emergency medical service, LT Carley's resourcefulness, insight and managerial ability greatly improved

please see page 7



LT Jerry R. Carley, NC, of the Naval Hospital, Oak Harbor, proudly wears the Navy Commendation Medal presented for duties performed while attached to the Naval Hospital, Corpus Christi.

Op/Ed

Noted With Interest

Adak Hospital Sailor of the Quarter

HM3 Ronnel C. Salvador assigned to the Laboratory Department has been selected as Branch Hospital, Adak, Alaska, Sailor of the Quarter.

A three-year Navy Veteran, Petty Officer Salvador is assigned as a basic Laboratory Technician. As the basic Laboratory Technician he assists in the prompt completion of approximately 2000 laboratory tests a month.

Petty Officer Salvador fills a diversified role in the health care delivery system of Branch Hospital. He has constantly striven for high caliber patient care as exhibited in the day-to-day interactions with physicians and patients. Petty Officer Salvador's patient care is characterized by courtesy and professionalism.

Petty Officer Salvador is a mature and capable petty officer, always willing to assume greater responsibility...not satisfied to see a job just completed, but takes those extra steps necessary to insure it is the best job that can be done.

Petty Officer Salvador is very active in the Hospital Welfare and Recreation Committee and the FIL-AM organization.

The son of Mr. and Mrs. Ricardo Salvador of Manila, Republic of the Philippines, Petty Officer Salvador is a 1977 graduate of Far Eastern University (High School) and attended three years of college of University in the Philippines majoring in Economics. He joined the Navy in February 1983.

p.m. in the FSC Conference Room, bldg. 613.

The "job interview" is often the key to landing the job you seek. Learn helpful techniques for making a positive first impression as well as how to dress for success. Participate in mock interviews on video to discover ways to improve your performance. Discover the reasons ap-

plicants are rejected and how to avoid these pitfalls. Develop a list of appropriate questions to ask prospective employers including how when to discuss salary.

To register for this class, call the Family Service Center at 869-4111. The class is offered free of charge and is open to all military members and their spouses.

Nor'wester article in National Archives

A recent article submitted to, and printed in, the Nor'wester by retired Navy Chief Petty Officer C.A. Wolff is now in the Smithsonian Institute National Archives.

The article is on the de Havilland prop jet dash eight (Nor'wester,

March 28).

"Of course we are honored," said Howard Thomas, Nor'wester acting editor.

Chief Wolff is a regular contributor to the Command newspaper.

Whidbey Island Flight Surgeon Honored

LCDR Nora B. Wilcox, U.S. Navy Medical Corps, recently received a Mary Lyon Award at Mount Holyoke College, her alma mater. Presently, she is a flight surgeon at NAS Whidbey Island.

The award, named after the college's founder, honors young alumnae who have been out of college 15 years or less and who demonstrate sustained achievement in their lives, professions or communities.

Dr. Wilcox is in charge of four

squadrons of naval flight personnel and their families. In addition, she is assigned to a search and rescue team, having been trained in emergency procedures, the ejection seat, low pressure chamber and maneuvers for precision-hovering over one spot.

In 1985, Wilcox received the Sikorsky Helicopter Rescue Award for her participation as attending physician in the rescue of an injured man by helicopter. She has been a Navy doctor since 1980.

Photography Contest Needs Your Pics

"Your camera takes great pictures!" How many times have you heard that from friends as they look over your snapshots? Little do they know or seem to realize, the camera is a tool, and the photographer takes the pictures.

Do you have a particularly nice photo that you took over the last two years you can enter in the Interser-

vice Photography Contest? Following are some of the basic rules for contest entry:

- Only military personnel are eligible for interservice competition.
- Entries must have been taken during the 2-year contest period, August 1, 1984 to July 31, 1986.
- Official photographs taken in the line of duty are ineligible.
- Contestants may receive a maximum of two place awards per category.
- Contestants may submit a maximum of three entries per category in each group.

For more detailed information contact the Public Affairs Office, Naval Medical Command, Northwest Region, Bldg. 38 or call (415) 633-6017.

Video can Help You Find Work

The Employment Resource Center of the NAS Alameda Family Service Center is sponsoring a program on "Using Video to Learn the Art of Job Interviewing", Wednesday, May 21, from 10 a.m. until 12

Armed Forces Day Message from the President

For most Americans Armed Forces Day is a once-a-year event, but to you who serve in the Army, Navy, Air Force, Marine Corps, and Coast Guard, every day is Armed Forces Day.

Whether you are on a lonely hilltop outpost in Korea, serving in that urban island of freedom known as West Berlin, patrolling the high seas, unloading cargo planes at Diego Garcia, turning eager youngsters into proud Marines, or rescuing small water craft off our nation's coasts, you all serve America and serve it well. We are proud of you—proud and grateful.

As Commander-in-Chief, I assure you I will not waver in my commitment to providing America with the strongest, best trained, best equipped, and most modern Armed Forces possible. Let no one have any doubts on that score. I salute all of you today and every day for your very special contribution to Keeping America Free.

Ronald Reagan

Ronald Reagan

Armed Forces Day Message from the Secretary of Defense

On Armed Forces Day each year, all of us take a close and personal look at our men and women in uniform and the equipment they operate in serving our country. I know that most citizens come away impressed with the quality of the Servicemembers they meet and the capabilities of the combat systems that American industry provides. I know, too, that they are deeply grateful, as I always am, for your dedication and your commitment to the eternal vigilance we must maintain to keep our freedom.

On this Armed Forces Day of 1986, I hope you can sense, as I do, that all Americans have a renewed pride and confidence in their Armed Forces and in the achievements of our men and women in uniform. This is a tremendous accomplishment, which you yourselves achieved through sacrifice and steadfastness.

Our Armed Forces today are strong, capable, and ready to perform any mission in the pursuit of peace and the defense of our nation. Not only on this one day of the year, but on all other days as well, you have the profound gratitude of our citizens and of all freedom-loving peoples.

Caspar W. Weinberger

Caspar W. Weinberger
Secretary of Defense

Nor'wester

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Branch Clinic Alameda
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News

Oakland's Operation Room Tech School

The Operating Room Technician School is one of the oldest advanced schools for the training of enlisted personnel at Naval Hospital Oakland. The school is run under the guidance of its Director, LT D. Pellini assisted by Instructors, HMC Gillette, HM1 Pasillas, HM1 Gray, HM2 Adams and HM3 Harris. The course is 26 weeks in length consisting of both didactic and clinical training. The first ten weeks are spent with classroom instruction in Anatomy, Instrumentation, Basic Principles of Aseptic Technique, followed by a thorough practical examination assisting in a mock surgical procedure. The remaining sixteen weeks are spent rotating through General, Thoracic, Plastic, Neurological, Ob-Gyn, Orthopedic, Vascular, CSR, ENT and Eye services. Each student receives over 900 hours of operating room experience.

In addition to the Operating Room experience, the student is given an orientation to the Recovery

room, affording the student varied aspects of medical care.

Upon completion of the course, the student may be assigned to units of the Fleet Marine Force, a Naval Hospital, a Medical Clinic or a ship.

Last Friday, 10 students graduated from the training program.

Following is the list of students and their new duty stations:

DT3 Hicks, Dental Staff Naval Hospital, Oakland, CA; DN Rich, Dental Staff Naval Hospital Oakland, CA; HA Clark, Naval Hospital Guantanamo Bay, Cuba; HN Gumbert, Naval Hospital Corpus Christi, Texas; HA Izquierdo, USS Constellation, CV 64, Home Port San Diego, CA; HN Marchant, Branch Clinic, Naval Air Station, Alameda, CA; HN McFatter, USS Vulcan, AR 5, Home Port Norfolk, Va.; HN Norman, 3rd FSSG, Okinawa, Japan; HN Pilas, Naval Hospital Oakland, CA; and HA Richards, Naval Hospital Yokosuka, Japan.

"Careers on the Move" Workshop

Married to a Navy man or woman? Is their portable lifestyle curtailing your career ambitions? "Careers on the Move" is a new workshop on developing job strategies for a mobile lifestyle.

Co-sponsored by the NAS Alameda and Treasure Island Family Service Centers, the workshop is designed specifically to meet the needs of military spouses faced with constant moves. Focusing on the difficulties of job searches, the workshop explores new and innovative ways to identify and develop portable skills and careers.

Attendees will learn to set goals appropriate to their special needs and discover ways to make their skills

and careers portable. The course offers techniques for developing a plan of action, including things to do before and after the move to maximize job search effectiveness, as well as fine tuning resume writing and interviewing skills.

The first workshop is set for Wednesday, May 14, from 9 a.m. until 2:30 p.m. at the Treasure Island Family Service Center. To register for this session, call 765-5789. The second session is set for Wednesday, June 18 from 9 a.m. until 2:30 p.m. at the NAS Alameda Family Service Center. To register for the second session, call 869-4111. The workshop is offered free of charge to any military spouse.

Kids Register Bikes, Get Fingerprinted

Programs and activities for kids are scheduled during the Flea Market set for Saturday, May 31 from 9 a.m. until 4 p.m. on Avenue G in front of the Navy Exchange, NAS Alameda.

NAS Security Department with the assistance of the Alameda Police Department Crime Prevention unit is sponsoring bicycle registration and renewal as well as a Bicycle Rodeo. The Rodeo includes an obstacle course with prizes and bicycle licenses awarded to those who pass the course. Bicycle registration is \$5 with renewal fee set at \$3. Youngsters must bring bicycles to register them.

Officer McGruff, the Crime Dog, will be on hand from 11 a.m. until 1 p.m. to entertain the kids and a large fire truck will be on display throughout the day.

Free fingerprinting and photo identification for children is also being sponsored by NAS Security

Department. Bring your kids to have their photos taken and fingerprints made.

The Flea Market is sponsored by the NAS Alameda Family Service Center and the Navy Exchange. Space rental is set at \$5 and may be reserved at the Family Service Center in bldg. 613 (near the water towers). Space rental is on a first come, first served basis and spaces are limited in number. Interested vendors are encouraged to reserve spaces early. Proceeds from space rental are donated to the Family Service Center's Volunteer Program Fund which provides reimbursement for the volunteers' child care expenses.

Wives' clubs and organizations are encouraged to reserve spaces in the Flea Market for the fund raising activities. For more information regarding the Flea Market, call the Family Service Center at 869-4111.

LT Newman Receives Commendation

LT D. J. Newman, NC, of the Naval Medical Command, Northwest Region Management Information Department, recently received a Letter of Commendation from the Commanding Officer, Naval Hospital, Oakland.

In the Letter, CAPT S. M. Blair, acting commanding officer, said, "You have made a significant contribution to the mission of Navy medicine by consistently demonstrating professional ex-

cellence in the performance of your duties. Displaying initiative, resourcefulness and diligence in the pursuit of individualized, quality care and continuously sharing your nursing skills and knowledge, you truly set an outstanding example for others to emulate."

The letter was presented on the occasion of LT Newman's departure from the Naval Hospital for duty with the Regional Command.

MOST COMMON QUESTIONS ANSWERED

Civilian Medical Care—When It's Authorized and Who Pays For It

From time to time, military personnel are faced with having to obtain medical care from civilian health care providers. Questions immediately arise on what is the proper procedure to obtain authorization for civilian care.

Following are often-asked questions. The answers may be of help in clarifying what procedures to follow:

How can I get approval to use civilian services?

Consult with your ship/command medical officer or independent duty corpsman about your medical problem. Submit a letter through your CO and medical officer/corpsman to the Office of Medical Affairs (OMA) that is responsible for the area in which you will seek treatment. Outline why you need this treatment, verifying that it cannot be done by the military and whether or not you've had a history of this problem.

The OMA will either approve or deny your request. If denied, you may appeal the denial by written letter to the OMA. This normally should be done within 15 working days. (Please note: prior approval for nonemergency civilian medical care is a strict requirement. If you do not obtain this approval, you will be responsible for your civilian medical care bills).

What do I do if I require emergency care?

Emergency care is a medical or dental episode which requires immediate treatment of life threatening or potentially disabling conditions. Accident or sickness must be of a sudden onset and require treatment to prevent undue pain and suffering, or loss of life, limb or eyesight. If you require emergency care while on leave or liberty, or while working off base in a duty status, then you must go to the nearest hospital for emergency care. After you get patched up, you must immediately report to sick bay when you return to your command. If you are admitted to a hospital, as soon as you possibly can, tell your doctor you are in the military and

that he or she should make contact with your ship or station. *Do not assume this has been done.* You must confirm your command has been notified. The wheels of the system will move quickly to get you into a military hospital.

Who pays for my emergency care?

Payment for emergency medical treatment is under the cognizance of the Department of Defense. They have awarded Blue Cross and Blue Shield of South Carolina a contract to pay for all civilian emergency medical care incurred by an active duty member. Your emergency care providers should direct all inquiries and claims for payment directly to Blue Cross/Blue Shield. If you find you are receiving a letter of indebtedness, contact your Office of Medical Affairs.

What do I do if I am in an unauthorized leave status and get hurt?

In most cases, you will be responsible for the payment of your hospital care. Furthermore, if any of your dependents are also hurt, the payment of their care may also be your responsibility. At this time you can surrender to military authorities and the cost of your care will be paid by the military. If you do not surrender to the military at this time, the cost of your care will be your responsibility.

What does my ship or command do if I am admitted to a civilian hospital?

The answer here is also, *communicate!* Except for care for which you have prior approval, your command should immediately contact the closest Office of Medical Affairs by telephone, if possible, or by message. Information which should be included is the name of the hospital, time and date of admittance, the reason you were admitted, the doctor's name and telephone number. Next, your command should dispatch a casualty message to Washington and inform the appropriate Office of Medical Affairs.

Calendar

The Calendar is provided for input of events and activities by all medical/dental facilities in the Northwest Region. Eligible for inclusion are official command-sponsored events and activities sponsored by such groups as enlisted and officers' wives organizations, Recreation Services, Red Cross,

Navy League, Navy Relief, USO, etc. Submit input to your local Nor'wester reporter (a partial list of Nor'wester reporters and their phone numbers is on page 2. A complete list will be printed in a later issue.)

May

10

- Recommissioning of USS Missouri.

12

- Uniform change—summer whites.

16

- Armed Forces Day parade at noon, in Oakland.

16-19

- British ships, HMS Manchester and HMS Amazon, port visit to San Francisco Armed Forces Day.

17

- Armed Forces Day Ball. Contact Treasure Island Public Affairs Office, 765-6056.
- Oakland Maritime Day at Jack London Square, 10 a.m. to 4 p.m.
- Armed Forces Day celebration in Vallejo.

18-24

- California Traffic Safety Week.

23

- Navy Spouse Day.

26

- Memorial Day holiday observed.
- Navy Band San Francisco at Golden Gate National Cemetery.

June

4

- Anniversary of Battle of Midway

14

- Flag Day.

28

- Naval Aviation Ball (black Alameda Officers' Club, 6 p.m. 869-4071 for more information.

C.O.M. Social Korner

by The Phantom Social Editor

The Wine Tasting Brunch was a delightful respite from the rush and hubbub of hectic city pace. It was truly a "wine country" setting. The wineries set up their tables in the courtyard. The vintners loved the old Spanish setting and the ambiance it afforded and so gracefully complimented their great wines, champagnes and spumantis.

The regulars were in attendance and had a wonderful social get-together and brunch. The Admiral and Chief of Staff were there with their ladies. Captain Jim Smith and Barb were there, as were the

Mellemas, The Storeys, Mitchells and Duffs joined in the festivities as did the Mitas, with their lovely family. There was a continuing great response from our nucleus and highly valued retired community. It was a perfect start to a lovely and perfect day.

For May we have tentatively scheduled a Vaudeville show, Mothers Day Brunch, and a Western Cook Out. Mark your calendars early.

Don't be disappointed for the Mother's Day Brunch because you did not make reservations. Don't procrastinate. Call in and reserve all three events. See you there!

"KEEPING AMERICA FREE"

Armed Forces Day '86 Celebrated with a Week of Festivities

Armed Forces Day 1986 is scheduled for May 17, and will be celebrated this year under the theme, "Keeping America Free". In the San Francisco Bay Area, a week of activities will be highlighted and capped by a military ball.

The sixth annual combined Armed Forces Ball will highlight the week's activities and is scheduled for Saturday, May 17, beginning at 6 p.m., in the Navy and Marine Corps Reserve Training Center (bldg. two) on board the Naval Station Treasure Island. The evening includes a sumptuous Admiral's buffet and musical entertainment by three different service bands. It is open to all active duty, retired and reserve members, both officers and enlisted, as well as civilian DoD employees.

A large group of visiting Belgian Royal Defense College members, as well as members of visiting British ships, have also been invited and will add considerable interest and variety to the event.

Dress is dinner dress blue jacket for officers (optional dinner dress blue for O-3 and below).

Cost of the ball is \$27 per person and checks should be made payable to: Fleet Admiral Nimitz Club, and mailed to be received no later than May 10 to Commander Naval Base San Francisco (N5), San Francisco, CA 94130-5018.

Armed Forces Week begins on Sat., May 10 when the Battleship USS Missouri is recommissioned at Piers 30-32 in San Francisco. Nearly 12,000 invited guests are expected to attend this "By Invitation Only" event. Throughout the remainder of the week, displays and band performances are scheduled throughout the Bay Area including Marina Green

and Fisherman's Wharf in San Francisco, Jack London Square in Oakland, and Memorial Park in Vallejo.

The Annual Armed Forces Day Parade is scheduled for May 16 at noon on Broadway in Oakland. Rear Admiral Robert L. Toney will be the parade marshal along with Sergeant Philip Katz, America's oldest Medal of Honor winner. Flags, bands and marching units from military units around the Bay will participate.

Ships, aircraft and other military equipment will be on display the following day, May 17. USS Schofield (FFG-3) will invite visitors aboard from 10 a.m. to 4 p.m. at Pier 45 in San Francisco.

The Port of Oakland will host a Maritime and World Trade Day at Jack London Square on Saturday and Navy participation will include boating to, and visiting aboard the USS Kiska (AE-35), orientation rides in Special Boat Unit Eleven River Patrol Boats, and exhibits and displays. USNS Mercury, a Military Sealift Command roll-on/roll-off ship will also be open for visiting at the Howard Street Terminal.

The Vallejo waterfront celebration on Saturday features remarks by RADM Samuel McWilliams, Reserve Commander, Naval Base San Francisco. Navy Helicopter EOD teams and Special Boat Unit Eleven will also provide demonstrations. USS Mount Hood (AE-39) will be available for visiting and USS Haddock will provide a fire fighting demonstration.

Additional information on any of the above events may be obtained from local Public Affairs Offices, or from COMNAVBASE Public Affairs (415) 765-6056.

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Gazette

Devil Pups—Looking for a Few Good Boys



Devil Pups march in formation at Camp Pendleton, California.

Each summer a select number of teenage boys in California get to experience life as a Marine for 10 grueling but exciting days.

These boys, ranging in age from 14-17, leave their families and travel to the unknown, Devil Pups summer encampment.

Devil Pups Incorporated, a non-profit group dedicated to the development of character qualities in teenage boys, enables them to become healthier and more successful citizens. The name is taken from Devil Dogs, the nickname given to Marines by the Germans in World War I. The first summer camp was held in 1954 and 30 years later, the camp still follows the same ideals.

Held in the rugged hilly terrain of Marine Corps Base Camp Pendleton, the days are long, hot and demanding. Upon arrival the boys receive Marine haircuts and are issued jeans, t-shirts and bandanas to wear while at camp. They will live in Marine quonset huts, eat Marine chow and comply with Marine hours and regulations. Their 16 waking hours are spent under the observant eyes of

Marine instructors and camp supervisors. Should they act discourteous, this is also handled in Marine Corps fashion.

A typical day includes exhaustive physical conditioning, swimming, precision close order drill and unarmed self-defense tactics. But when the young men leave, they have developed a self-discipline and carry a sense of responsibility for their own actions. They have also earned the coveted name of Devil Pup.

This year the San Francisco area will send 86 boys to the summer camp held July 30-August 8. Any non-delinquent, healthy boy, age 14-17, can apply to become a Devil Pup. Devil Pups are accepted from all walks of life regardless of race or creed, and those selected attend the camp at no cost to their families.

Boys interested in applying can write to the 12th Marine Corps District Public Affairs Office, Naval Station Treasure Island, San Francisco, Calif. 94130, or call (415)765-6641. Requests for applications will be taken through May 16.

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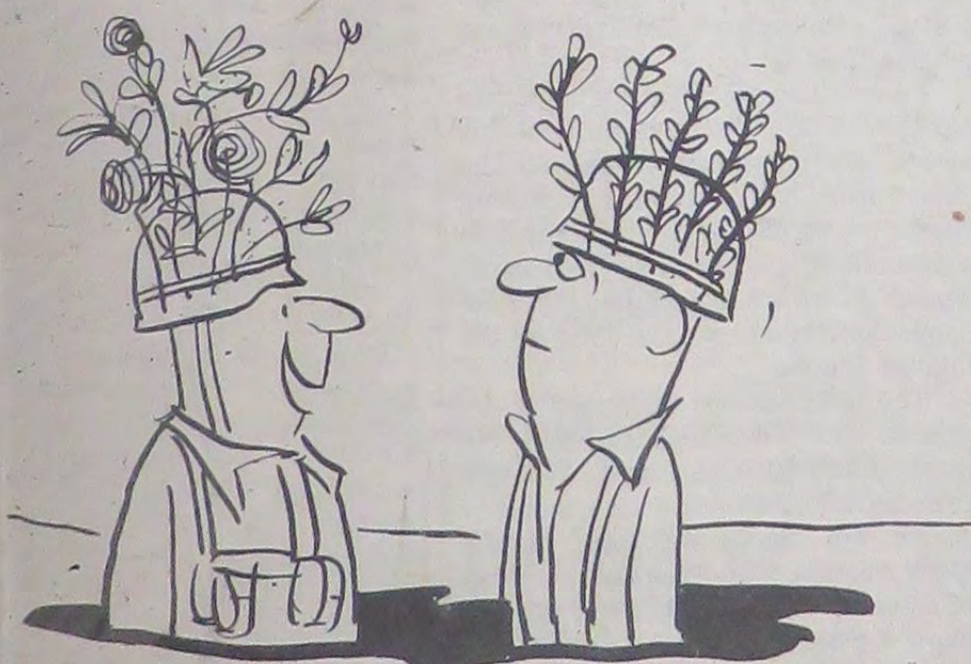
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"The insects are plastic, too, of course."

Etc.

Naval Observatory keeps U.S. on time—and on course

by Liz Noland

WASHINGTON (NES)—Have you ever wondered at the navigator's ability to get your ship from Pearl Harbor, Hawaii, to the Indian Ocean without getting lost in the Pacific? It takes more than skill. Precise time and The Nautical Almanac also are required. Those requirements are met by the U.S. Naval Observatory.

The observatory, one of the oldest scientific agencies in the country, began Dec. 6, 1830 as the Depot of Charts and Instruments. President John Quincy Adams had fought for five years to establish an observatory. In his first State of the Union address to Congress in December 1825, Adams said, "that on the comparatively small territorial surface of Europe, there are existing more than 130 of these lighthouses of the skies; while throughout the whole American hemisphere there is not one."

But Congress objected to an observatory and would approve only of a depot. The depot's mission at that time was to care for the Navy's chronometers, charts and other navigational equipment. However, in 1844 the depot was re-established as the U.S. Naval Observatory.

The first superintendent of the observatory was LT Matthew F. Maury. Under Maury's command, astronomical observations were not emphasized. The observatory focused on oceanography and the preparation of wind and current charts. Maury's work in oceanography earned him the title "Pathfinder of the Seas."

In 1861, LT James M. Gilliss was named the next superintendent. He stepped up astronomical observations, hired astronomers and put new life into the observatory. When Gilliss died suddenly in 1865, he left the observatory well-manned by an experienced and capable staff.

RADM Charles Davis, the next Naval Observatory superintendent, saw the observatory become equal to those in Greenwich and Paris in 1873. The installation of a transit circle telescope, which could determine precisely the fundamental positions of stars and planets, meant that American astronomers would no longer have to rely on fundamental star positions established in Europe.

When Davis was recalled to sea duty, Commodore Benjamin F. Sands took command of the observatory. Sands installed a telescope called the "Great Equatorial." The 32-foot-long, refracting telescope had a lens 26 inches in diameter—the largest in the world. It was on this instrument, in 1877, that Asaph Hall, one of the astronomers hired by Gilliss, discovered the two moons of Mars.

By 1888 the observatory had achieved international credibility in astronomy, and its role as the nation's timekeeper was firmly

established. The observatory regulated 347 clocks in Washington, D.C., and other cities, and the nation's railroads ran their schedules on the time standard set by the observatory. But there were major problems.

The observatory was near the Potomac River, mud flats and swamps. This setting not only caused poor visibility most nights but also was a breeding ground for malaria-carrying mosquitoes. Virtually all observatory workers suffered the chills and fevers associated with malaria. The environment also was cited as a major factor in the early deaths of observatory workers, including superintendents Gilliss and Davis.

Attempts to obtain new grounds began in 1877. In 1878 Navy surgeon George Clymer reported, "The location of the Observatory is unhealthful, caused, as I think, by the malaria from the shores of the Potomac."

The major advocate for relocating the observatory was Superintendent John Rodgers. Four years after his death in 1882, stemming "from exposure to malarial poisoning at the Naval Observatory," plans for the move got under way. In 1893, the new facilities were ready.

Then, in 1910, came the spectacular appearance of Halley's Comet. The public response to the comet and the demand for access to the observatory were overwhelming. The superintendent, Commodore T.E. DeWitt Veeder, reported, "For two weeks at the time the comet was nearest the Earth, it was necessary to give up entirely both the 26-inch and 12-inch telescopes to the use of visitors. The pressure for admittance to the observatory became so great

that three [telescopes] were mounted at the Capitol building."

The current pass of Halley's Comet is not causing nearly the stir it did in 1910. On its way to the sun, the comet was among the stars of Orion in October, unseen by all but the strongest telescopes. It was possible to see the disappointingly faint Halley's Comet until last month before it disappeared behind the sun. Although the comet had a longer tail and was brighter on its way back out toward Pluto in February, the Earth was on the opposite side of the sun, so visibility was not very good. Depending on where you were in February, March and April, visibility was better or worse, the southern latitudes being better.

But tracking Halley's Comet is not of paramount importance to the Naval Observatory—determining precise time is.

Precise time is vital for accurate navigation and for communications at sea, on Earth and in space. The observatory has gone from pendulum clocks to cesium beam and hydrogen maser clocks, referred to as atomic clocks. Accurate to 1 billionth of a second, these clocks set the time for the United States.

The observatory continues to increase its timekeeping ability. Superintendent Charles K. Roberts expects to incorporate two mercury stored ion clocks into the master clock system. "They're another type of atomic clock. The mercury devices show a great deal of promise for providing a clock that will be less expensive than the hydrogen masers...and of being very stable and very accurate clocks."

In addition, the observatory is increasing its ability to meet its mission of determining the precise posi-

tions of the sun, moon, stars and planets. The Black Birch Astrometric Observatory in New Zealand became operational this year. It is equipped with a 7-inch transit circle telescope which gives the Naval Observatory pole-to-pole observation of the stars.

"A transit circle is our bread and butter telescope for determining the precise positions of the stars, sun, moon and planets," Roberts said. "It's a specialized telescope with one degree of freedom, fixed in the north-south plane so that you can look at stars as they cross, or transit, the local meridian." He said the New Zealand observatory is a first-class facility, enabling the observatory to "do the fundamental work that we need to determine the precise positions of stars from the Southern Hemisphere." This is the first time anything like this has been done—a fully coordinated pole-to-pole observing program.

The observatory is looking forward to other advancements.

One concerns an "electronic eye" called the charged coupled device, or CCD. The observatory hopes to procure a CCD array this year. Roberts calls the device "the beginning for us for electronic observing rather than photographic. It's a very sensitive device, and it looks like it's going to improve our capability in the future to observe star positions, in terms of improving the accuracy of the observations and reducing the length of time that we have to look at objects in order to get an image."

Another project is the VLBI, very long baseline (radio) interferometry. A network of three radio telescopes. VLBI tracks quasars to determine the Earth's orientation—its rotation rate and the "wobble" of its axis. Quasars, believed to be the most distant objects trackable in our universe, emit radio energy. The radio telescopes record these radio waves on reels of magnetic tape, along with a precise time signal. The tapes are then brought together through a central processing facility, a correlator, and the combined data is analyzed.

Astrophysical discoveries have been made by the Naval Observatory—such as the moons of Mars in 1877 and, most recently, a moon circling Pluto. But Roberts explains, "The kind of work we do is not the glamorous astrophysics work that's done in all the other observatories in the country. We're the only observatory in the United States that does fundamental positional astronomy and timekeeping—the bedrock of astronomy. That's what is really needed by the Department of Defense. It's not exciting like astrophysics can be—it's interesting, challenging and difficult."

And there are no boundaries to the frontiers of space.



Etc.

The Hospital Ship Hope



By C.A. Wolff, USN (Ret.)

"Hope—one that gives promises for the future."—Webster's

She was a 680-bed hospital ship of the Comfort class. Hope (AH-7), commissioned Aug. 14, 1944, was the second hospital ship to be manned by a Navy crew and Army medical support team of approximately 500 medical personnel.

She sailed immediately for the South Pacific theater and supported

New Zealand—Price, Climate are Right!

By C.A. Wolff, USN (Ret.)

With the rate of exchange nearly 2-to-1 in our favor—this is the place to visit. It is Fall in May and June, the leaves have changed color and after July 1 snow will be in the mountains above 5,000 ft. for the ski season.

It's not too far, only 10 hours south of Hawaii by air. MAC flights are available out of Norton AFB every Thursday with one stop in Hawaii for interconnecting flights from the Northwest. The MAC flights go to Christchurch, N.Z. on the South Is.

Aarangi House, a \$17/a night, AAA bed and large American breakfast, is where I stay, with four-hour sightseeing tours at \$5. Queenstown by air or bus is the fun, action town. Whitewater rafting, 4's and 5's all year, and they provide the wetsuit, by "The Rafting Connection" on Shotover St. I stay at the Wakatipu Lodge, nice place, nice people, at \$7/a night. You can cook all your own meals there. It is located on

action in the Palaus, Manus, Philippine and Okinawa Islands.

Most attacked hospital ship

On Dec. 3, 1944, Hope was followed by a Japanese submarine, and the same afternoon was attacked by an enemy torpedo plane. Both missed. Three days later, while steaming toward Manus, she was again attacked from the air. One bomb came close, but there was no damage.

During April and May of 1945, Hope was shuttled between Saipan and Okinawa. She was often attacked by suicide planes, despite her distinctive hospital ship markings. She was never hit. The Navy crew called her "The Lucky 7."

After three voyages from the western Pacific to San Francisco, bringing back patients, Hope was decommissioned on May 9, 1946 and is now in the mothball fleet in Suisun Bay near Vallejo, California.

the 52-mile-long lake. There are four van trips each day to Queenstown, five miles away. I rate the place as a 3.8 as I don't give 4.0's.

There are four tour companies in town that will take you to any of the 14 nearby points of interest including gold mining towns, Gondola Mt. lifts, the Milford Sound, large and deep enough for the Queen Elizabeth II which visited two years ago; and to hiking trail heads. Hiking is very popular in N.Z.

For more information call N.Z. Tourist and publicity department or drop the 'Nor-Wester' a note, and I'll get it going. Your leading travel agents will send you information and will help and plan at no extra cost. Call 800-252-4611 toll-free U.S. or Alaska for the travel magazine.

The N.Z. people like us, but they say, "You drive on the wrong side of the road". "Your light switches are backward and your water goes down your drain the wrong way".

Navy Nurse Corps Anniversary from page 1

duty reported aboard the USS George Washington on which President Wilson sailed to France.

In 1922, the first educational program was instituted whereby Navy nurses were assigned to take advanced courses in dietetics, anesthesia, laboratory technique and tuberculosis nursing.

After 1930, Regular Nurse Corps members incurring physical disability in the line of duty were retired with pay.

December 7, 1941, the day the Japanese attacked Pearl Harbor was also the day the Japanese attacked and captured Guam. Five nurses were taken prisoner and sent to a military prison at Zentsuji, Japan, and in August, 1942, were returned to the United States aboard the exchange ship, Gripsholm.

The Navy Nurse Corps during World War II was extended to 11,086; this included members of both regular and reserve corps on active duty.

Navy nurses within the States were assigned to 40 naval hospitals, 176 dispensaries and six hospital corps schools. They brought nursing care to the front lines aboard 12 hospital ships, in air evacuation of casualties and to foreign lands where American women had never been seen. At land-based establishments overseas, they were assigned to naval activities in the Aleutian Islands, Alaska, Australia, New Zealand, New Hebrides, New Caledonia, Russell Island, Solomon Islands, Admiralty Island, Marianas Islands, England, Africa, Italy, Newfoundland, Bermuda, Cuba and Trinidad. Nurses were stationed aboard the three

hospital ships of the Third Fleet, waiting to go ashore to administer care to the Allied prisoners and to evacuate them from Japan when the Surrender was signed aboard the USS Missouri in Tokyo Bay in May 1945.

Actual rank for nurses was established in May 1944 for the duration of the emergency plus six months.

The first Naval School of Air Evacuation for casualties was opened at the Naval Air Station, Alameda, California, in December 1944 with 24 nurses under instruction.

In April 1947, the Army/Navy Nurses Act created and established the Nurse Corps as a permanent staff corps of the U.S. Navy. This Act also authorized permanent commissioned rank and permitted integration of reserves into the regular Navy up to 35 years of age.

With the violation of the 38th Parallel by North Korean Forces on June 25, 1950, the first involuntary recall of reserve nurses started in order to care for the Korean casualties.

Korea was the turning point in America's concept of defense. A build up of manpower strength with the development of new bases and new weapons mean that a build up of the Nurse Corps was imperative. Procurement programs were initiated with emphasis on the new Career Concept for Women in the Service.

Today military nursing aims for maximum utilization of the skill, knowledge and ability of the professional nurse to provide the best nursing care for the patients in naval hospitals.

Officer Awarded Medal from page 1

the quality of nursing care, teamwork and staff development. Frequent personal inspections of emergency equipment and ambulances brought each to a high state of readiness, assuring a rapid response to all situations."

LT Carley is a native of Dallas, Texas. He has a BA in Sociology, and a BSN from the University of Wyom-

ing. He also has an MA degree in management from Webster University.

He enlisted in the Navy in 1970, and was commissioned via the NENEP in 1977.

LT Carley and his wife, Mary, have two daughters: Tyler, 7, and Heidi, 4.

Classifieds

Classified ads are free to all military personnel and civilian employees of NAVMEDCOM NWREG. All classified ads must be received by 3 p.m. Wednesday the week prior to publication. Send your ad to: Editor, Nor'wester, NAVMEDCOM NWREG, PAO, Oakland, CA 94627-5025. No phone orders accepted.

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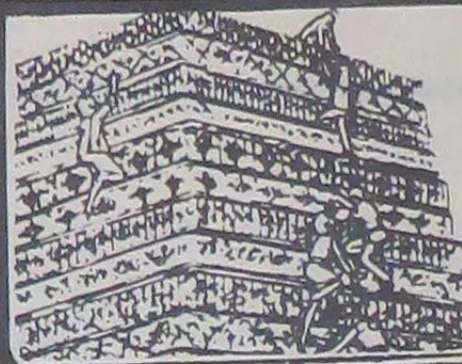
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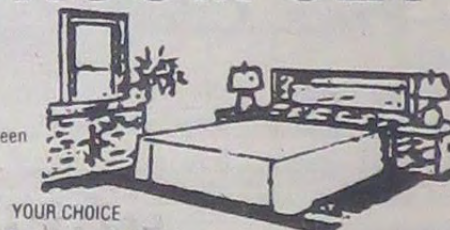


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Nor'wester

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is Adak?**

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**Old Glory—
Our Special
Symbol**

Navy's Surgeon General Visits NWREG

Vice Admiral Lewis Seaton, Surgeon General of the Navy, and Director of Navy Medicine, visited the Northwest Region last week to discuss changes in Navy Medicine.

Those changes included an explanation of the two-track Professional Career Program (see *NOR'WESTER* of 23 May 1986), and progress in the construction and development of hospital ships and fleet hospitals.

"Probably one of the most valuable parts of a trip like this for me is to answer your questions. We tend to get ensconced back there in Washington, and get to thinking the world pivots from the top of the Washington Monument. It's refreshing to come out to the field to see how things are working, meet you, and again hear from the people, the Health Care Consumer Council, and grateful patients, that indeed our preceptions are correct. Navy medicine is strong today. It's strong because of you. The care you give is quality care. It's excellent. I don't get any complaints about the quality of care you deliver. You are doing something awfully right."

The Surgeon General described in some detail the size, capacity and manning of the new hospital ships. Bringing the hospital ships on line is, "very comforting to me. We haven't had any hospital ships for the last 15 years, not since the end of the Vietnam conflict. So, that's a big hole that's being plugged."

VADM Seaton also described the structure and manning of the 23 fleet hospitals being planned. "These hospitals are deployable. The total program is 13,000 beds at this time," he explained. Eight will be staffed by active duty and will be deployable on short notice. The rest will be staffed by Selective Reserve personnel mobilized on active duty.

"In terms of our primary mission of combat casualty care, we are on the threshold of seeing some good changes, some major acquisitions



VADM Lewis Seaton, Surgeon General of the Navy.

that will help our Navy/Marine Corps team," he added.

The Surgeon General plans to

visit all 31 Navy hospitals over the course of the summer including those in the Far East, and in Europe.

Kohler is named Sailor of Quarter



HM2 Dany R. Kohler

HM2 Dany R. Kohler has been named the Naval Medical Command, Northwest Region staff Sailor of the Quarter for the first quarter of 1986.

Petty Officer Kohler is attached to the staff's Education and Training Division.

His commendation, presented at a recent personnel inspection by RADM Q.E. Crews, Commander, said, "On behalf of the staff of the Naval Medical Command, Northwest Region, I extend my sincere congratulations on your selection as the Sailor of the Quarter for the first quarter of 1986. Your selection has placed you in an elite group of exceptionally professional, highly regarded members of the Naval Medical Department team.

"You have exhibited qualities of professionalism, resourcefulness, and the highest degree of technical expertise. Of particular note has been your support of the fleet role. The coordination of training for all operationally bound officers and the Combat Casualty Care Course culminated in meeting 100 percent of our requirements in this critical contingency training area. Your personal initiatives, caring attitude and reliability displayed daily are examples for others to emulate.

"Petty Officer Kohler, you are a distinct and valuable asset to this

please see page 2

Op/Ed

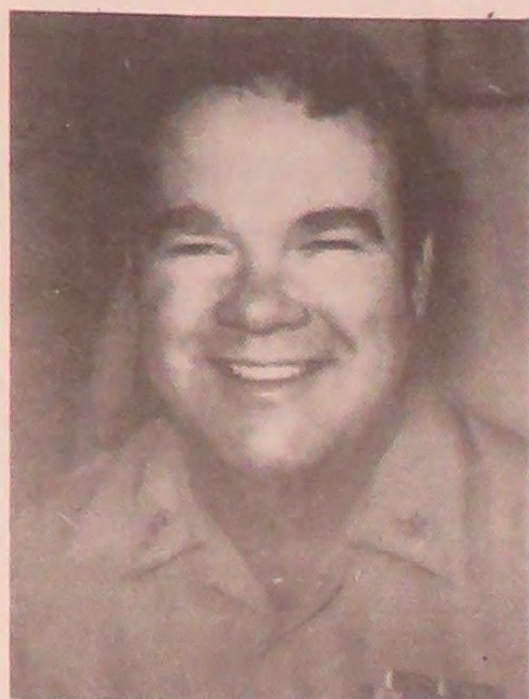
Dual Success for Branch Clinic Alameda

Naval Hospital Oakland Branch Clinic at Alameda has reasons to celebrate with the selection and advancement of Senior Chief to Master Chief, and the commissioning of a Hospital Corpsman First Class to Ensign, USN.

Senior Chief now Master Chief, Jim Waller is one of the reasons for celebration. A definite asset to the Navy and to this command, HMCM Waller possesses a long list of accomplishments of which to be proud. During his 25 years of active duty, he has received over 18 awards, among them, the Purple Heart for injuries sustained in Vietnam, the Navy Achievement Medal for performance excellence, and five good conduct awards. During his fine career, he has, while serving his country, visited 27 different countries, served duty on board four ships, was assigned to six shore facilities, and served two tours with Marine units.

HMCM Waller joined the Navy in 1961 as a Boatswain Mate. Upon realizing the "error of his ways" he changed his rate to Hospital Corpsman. Currently, he is the Administrative Assistant to the Officer in Charge at Branch Clinic Alameda with collateral duties as Senior Enlisted Advisor, Career Counselor, Safety and Security Officer, Physical Fitness Coordinator, and Unit Augmentation Team Leader for Team 1F. He is also Treasurer of the East San Francisco Bay Auxiliary, Navy Relief Society. HMCM Waller completed a Bachelor of Science Degree in Occupational Safety and Health from National University, and is currently working toward a Master's Degree in Management.

HM1 Susan Marie Cason was commissioned Ensign, Medical Service Corps, 9 May 1986. Susan is the fourth Hospital Corps staff member from Branch Clinic Alameda who has been commissioned into the officers ranks in the past four years.



HMCM Jim Waller

Ensign Cason's 10-year Naval career is replete with personal and military achievements. After boot camp, she attended Hospital Corps School where she graduated with honors. She later attended Pharmacy School graduating first in her class of 29. In 1982 she received an Associate Degree in General Studies, and in 1985 she obtained a Bachelor of Science Degree in Business and Management from the University of Maryland. She is also a member of Phi Kappa Phi, an honor society recognizing those individuals with exceptional academic achievement. She has successfully completed six courses towards a Master's Degree in Health Care Administration.

Her performance as Chief Pharmacy Technician, and Chief of the Day, at Branch Clinic Alameda, was characterized as "outstanding".

An interesting side note:

- Ensign Cason's father is CDR, USN retired; her mother is also prior Navy.

- Ensign Cason's husband, HM2 Rex Cason, was selected for LTJG, MSC through direct procurement and will be commissioned upon completion of his Master's Degree in Business from National University in August, 1986.

Congratulations Ensign Cason!

Over-the-Counter Drugs Still Issued

Navy officials have decided not to curtail the issuance of over-the-counter drugs to non-active duty personnel, as earlier reported in other sources. The proposed action was deemed necessary due to a cut in funding announced at the mid-year budget review.

All eligible beneficiaries will continue to receive medications as has been the practice.

Marines Memorial Club is fun, affordable

By Dennis A. Cavagnaro

San Francisco is affordable! The Marines Memorial Club offers 125 first-class hotel rooms for its members and for active duty military and their families for \$40-55 single and \$45-60 double (one third the rates charged by San Francisco's 5-star hotels). A few single rooms without private "facilities" are \$30.

The Club's recently renovated 12th floor Skyroom offers fine dining and refreshment with a panoramic view of the "City" and its bay. In the

evening Helen Tweedy's keyboard sounds and the dance floor, set the scene for romance.

The Club, at 609 Sutter Street, San Francisco, is a block up from Powell Street and its cable cars, and two blocks from Union Square.

Membership is available to anyone who has honorably served in any U.S. or allied armed force.

Reservations: (800) 3 MARINE (inside California); (800) 5 MARINE (the U.S. outside California); or (415) 673-6672.

42nd Birthday for Swimming Pool

by C.A. Wolff, USN (ret.)

On June 24 the NAVMEDCOM NWREG swimming pool will celebrate its birthday. A June 24, 1944 file copy of the "Oak Leaf" which was the weekly newspaper of the Naval Hospital, Oakland tells the story.

Kay Kyser's Big Band of the 40's

His great band, the best according to many of us living at that time, featuring the King Sisters, was on hand for the dedication ceremonies.

In July 1943, the largest indoor dance ever held in America up to that time, was held in the Oakland Civic Auditorium. The attendance was well over 20,000. The \$26,000 raised was

used to build the pool. The music and entertainment were donated by Kay Kyser and his orchestra.

The pool, now enclosed, is used by active duty, dependents and retired personnel, and is considered by many to be the finest Olympic-sized pool in the East Bay.

A bronze plaque placed in the pool area reads: "This swimming pool is a gift of the City of Oakland to the U.S. Naval Hospital at Oakland, CA. For their generosity and the kindness of Kay Kyser and his orchestra, the Commanding Officer and All Hands are deeply grateful." Captain A.H. Dearing (MC) USN was Commanding Officer at the time.

"Careers On The Move" Workshop

Married to a Navy man or woman? Is *their* portable lifestyle curtailing *your* ambitions? "Careers on the Move" is a new workshop on developing job strategies for a mobile lifestyle.

Co-sponsored by the NAS Alameda and Treasure Island Family Service Centers, the free workshop is designed specifically to meet the needs of military spouses faced with constant moves.

Focusing on the difficulties of job searches, the workshop explores new and innovative ways to identify and

develop portable skills and careers. Attendees will learn to set goals and discover ways to make their skills and careers portable.

The workshop is set for Wednesday, June 18, from 9 a.m. until 2:30 p.m., at the NAS Alameda Family Service Center. To register for this session, call 869-4111. The Employment Resource Center is pleased to offer reimbursement for child care expenses for the workshop. For details about the free child care, please call Jean Reichert at the Family Service Center.

CHAMPUS Will Pay for RTC Treatment

Effective July 1, CHAMPUS will pay for care in residential treatment centers (RTCs) on the basis of fixed daily rates, instead of paying billed charges. CHAMPUS has asked the RTCs to sign new participation agreements which will set payment rates for each RTC up to a maximum

daily rate of \$248.

After June 1, families can contact the CHAMPUS Benefit Authorization Branch at (303) 361-8526 for a list of RTCs that have signed agreements.

For more information, call 869-3111.

Sailor of the Quarter from page 1

command, the Northwest Region, and the United States Navy. Your efforts have contributed immensely to the accomplishments of the mission of this command, and I take great pride and pleasure in extending to you the traditional Navy 'Well Done!' for this special honor and

recognition."

HM2 Kohler also received a \$750 leadership scholarship presented by Dr. Thomas McCullough, Chancellor of National University's Oakland Campus. Petty Officer Kohler was also recently named for promotion to HM1.

Nor'wester

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News

TURN LEFT AT ANCHORAGE

Where the heck is Adak?

by Alfred M. Land III Lt, DC Branch Dental Clinic, Adak

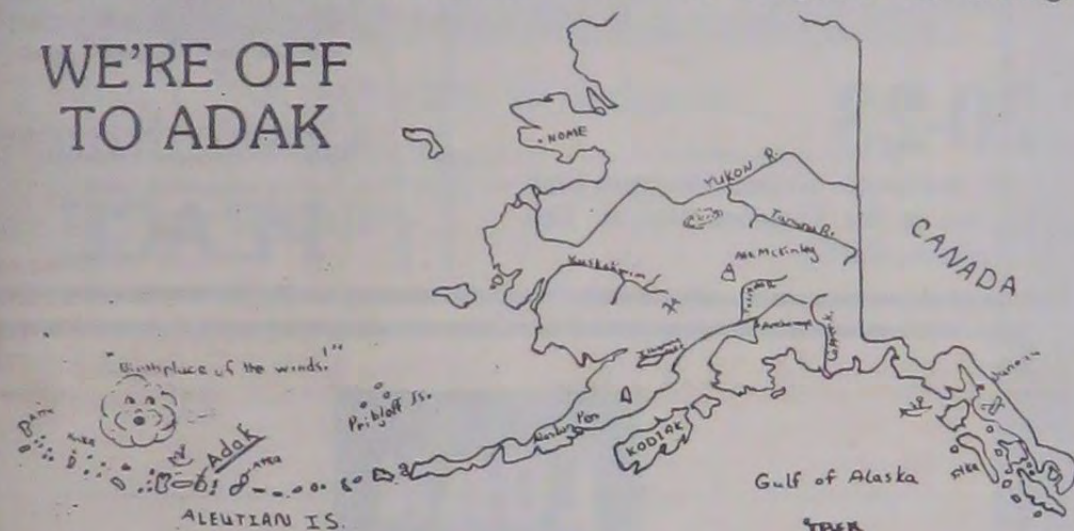
Received orders for Adak? Or just wondered where it was? Well, you are not alone. The island chain extends along a broad arc for almost 1500 miles, reaching from the Alaska Peninsula on the east to within 500 miles of the Kamchatka Peninsula of Siberia on the west.

Once known as the Katrina Archipelago, it contains 279 islands. Adak is located mid-chain, about 1200 miles from Anchorage. The Aleutians are actually the tops of an underwater volcanic chain approximately 1400 miles long and 20 to 60 miles wide. The tallest peak, Shishaldin Volcano, is 9,372 feet about sea level and 32,472 feet above the sea floor. This volcanic chain is

His most important discovery, though, was the extensive population of the sea otter.

Russian fur traders explored, developed and exploited Alaska for more than 100 years, building forts and outposts all along the Aleutian chain, S.W. Alaska, Cook Inlet, even the interior of Alaska. They established themselves as far south as San Francisco where they built Fort Ross, maintained for nearly 30 years. In the mid 1800's, sensing the eventual decline of their power, and wishing to protect themselves from British interests, the Russians sold Alaska in 1867 to the then young United States. Few besides the Russians then recognized the strategic

WE'RE OFF TO ADAK



thought to have formed about 70 million years ago and remains active today. Mt. Augustine has been erupting regularly the last few years.

The islands have been discovered and populated by various peoples over the ages. Ancestors of the native Aleuts are thought to have migrated west from the southwest coast of Alaska. The native tribes flourished on the bounty of the sea, developing a culture rich in art, language, tradition, and variety despite the wet, cold climate and incessant winds.

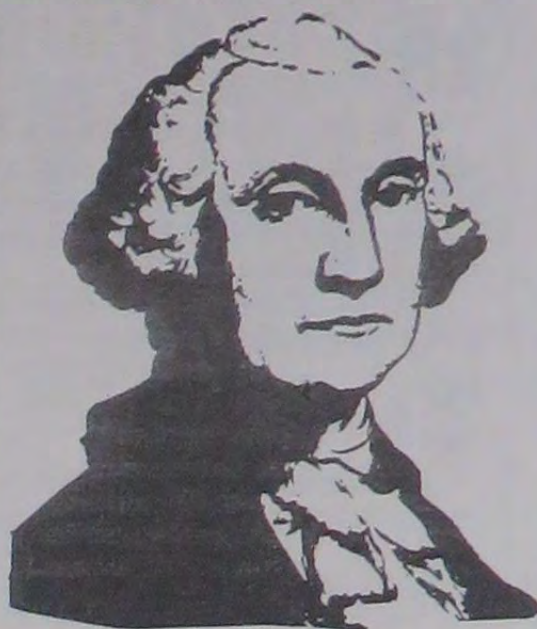
The population is thought to have exceeded 20,000 prior to European contact. In 1741 Vitus Bering journeyed from the Kamchatka Peninsula, reaching southwest. His route paralleled the arc of the chain and they were missed completely. The expedition sighted Mt. St. Elias along the present Alaska-Yukon border on July 16, 1741 and then turned back for home. The expedition reached Bering Island near the Kamchatka Peninsula that winter where Bering died December 8, 1741.

The German naturalist, George Wilhelm Stellar accompanied the expedition and was credited as the first white man ashore in Alaska. He feverishly explored, described, and named many of the natural wonders of the region. His book *Beasts of the Sea* remained for more than a century the most reliable reference on marine animals of the North Pacific.

value of Alaska and the Aleutians. Not until June of 1942 did the true value of the Aleutians become evident, when the Japanese bombed Dutch Harbor and invaded Attu, Atka and Kiska. The retaking of the Aleutians was difficult and costly. The Japanese were the first enemy force to occupy United States soil since the British during the War of 1812. Efforts to retake the Aleutians began quickly. Air bases were built at Port Heider and Adak from which to strike the Japanese. At the height of the effort, 96,000 persons inhabited Adak. The strategic importance of the Aleutians did not fade with the defeat of the Japanese, but remain an important stronghold today for the defense of North America and the Northern Pacific.

Weather is an important fact of life in the Aleutians. The chain is the meeting place for the warm, wet winds of the Pacific and the cold winds of the Bering Sea. This creates an area of intense winds and frequent storms. Adak is known as "The Birthplace Of The Winds" for good reason. Bob Hope once quipped the Aleutians were the only place on earth where a man could "walk in mud up to his knees, bucking a snowstorm that blew sand in his face, while being pelted in the rear on a sunny day". Adequate windproof, waterproof clothing is essential for hiking or camping. Snow accumula-

THE MYTH OF GEORGE'S WOODEN TEETH Dental Health—An Historical Perspective



by CDR M.W. Patterson, DC, USN Branch Dental Clinic, Adak

Not only did George Washington have to fight the Revolutionary War with a half-starved army short on bullets and boots, but he had to put up with toothaches as well. During a campaign at Camp Middlebrook, New Jersey, he had such a painful abscess that a local blacksmith had to forge a pair of pliers and remove the tooth causing the trouble.

That wasn't the first time Washington had needed a tooth removed. From about the age of 22, he lost about one tooth each year. He must have found his dental problems embarrassing because he never discussed them directly in his letters, even when writing his dentist. When he needed dental treatment, he usually invited the dentist to spend the weekend at Mount Vernon, his home. The next Monday he recorded how much he had paid the dentist in his accounts book and made a note in his diary: "Home all day alone."

Washington's last tooth was removed shortly before he became President. His dentist, Dr. John Greenwood, had his tooth placed in a gold case, which he wore on his watch

chain the rest of his life, as a sign of respect for Washington.

Because Washington was a wealthy man, as well as a toothless one, he got the best dentures money could buy. But in colonial America even the best dentures weren't very good. Two of his upper dentures and four of his lower dentures have survived. Contrary to folklore, Washington's denture bases were not made of wood (not even from the mythical cherry tree), but of lead, gold and ivory. The teeth were carved from ivory or were taken from hipopotamuses, cattle, and people—perhaps a few from Washington himself. Although these dentures may have looked good when he first got them, they probably didn't look good for long. Some of these materials are stained easily by tea, coffee and port wine, all of which he enjoyed.

Although he went to the best dentists of his day, Washington never got a set of dentures that fit well. Years ago dentures were made by trial and error. Dentists did not have the materials to make accurate impressions of their patients' gum ridges or good casting techniques for fashioning the dentures themselves.

To make matters worse, Washington had a difficult mouth to fit. Those who have studied his dentures say that his gum ridges got smaller and smaller through the years. That is why dentists today think he must have suffered from periodontal or gum disease, which produces bone loss.

So the next time you pull out a dollar bill and see a picture of our first President, looking solemn and dull, his lips clamped together, have sympathy. Remember that his mouth hurt. Poor George Washington. He left everyone with a good impression except his dentist.

Adak continued

tion rarely exceeds two feet, but an occasional blizzard proves otherwise. Precipitation occurs more than 200 days a year with annual averages between 28 and 34 inches.

The Aleutians offer a rich variety of plants and animals. Summer brings a wonderful display of wildflowers, a photographer's delight. Many varieties of fish, including large runs of salmon, challenge the fisherman. Sea mammals and birds abound. Sea otters and American bald eagles are especially numerous. Many of the islands are populated with arctic fox and Adak has a herd of about 400 caribou.

Today Adak is considerably more civilized than 45 years ago. With

about 6,000 persons, Adak is the center for the Aleutian Islands, and is the center for the administration of the Aleutian Unit of the Alaska Maritime National Wildlife Refuge. Adak is well developed with good family housing, recreational facilities, auto shops and hobby activities. There is a library and a new theater. The exchange and commissary are new and there's even a new McDonald's.

If you enjoy hiking, fishing, hunting or photography, Adak is a wonderland. If your detailer asks, "How about Adak?", consider it an opportunity, a unique experience with wonderful memories to last a lifetime.

Calendar

The Calendar is provided for input of events and activities by all medical/dental facilities in the Northwest Region. Eligible for inclusion are official-command-sponsored events and activities sponsored by such groups as enlisted and officers' wives organizations, Recreation Services, Red Cross,

Navy League, Navy Relief, USO, etc. Submit input to your local Nor'wester reporter (a partial list of Nor'wester reporters and their phone numbers is on page 2. A complete list will be printed in a later issue.)

June 7

- CSTSC Drill team at Williams, Calif., parade.
- Navy Relief picnic at NAVCOMSTA Stockton.
- Navy Band San Francisco to perform at Cable Car Festival at Pier 39 in San Francisco.

10-14

- 17th annual reunion of USS Essex (CV 9) crewmembers, Long Beach, Calif. POC: Jack Gallagher, P.O. Box 3156, Lakewood, CA 90711.

27

- USS Shasta change of command.
- USS Mars change of command, 10 a.m. at NSC Oakland.

28

- Naval Aviation Ball (black tie) at Alameda Officer's Club at 6 p.m. POC: CDR Koch (415) 869-4047; autovon 686-4074 or LCDR Kofoed, autovon 869-4071
- USS Missouri San Francisco port visit through July 5.

29

- National Navy League Convention in San Francisco through July 3.

July 4

- Navy Band San Francisco to perform at 4th of July celebration in Sunnyvale, Calif.
- Navy Band San Francisco to perform at City of Alameda Fourth of July parade with RADM Toney as Grand Marshall.

9-12

- National Naval Officer's Association meeting at Oakland, Calif. Airport Hilton.

15

- Navy Band San Francisco to perform at Patrol Wing Ten change of command and reception at NAS Moffett Field, Calif.

18

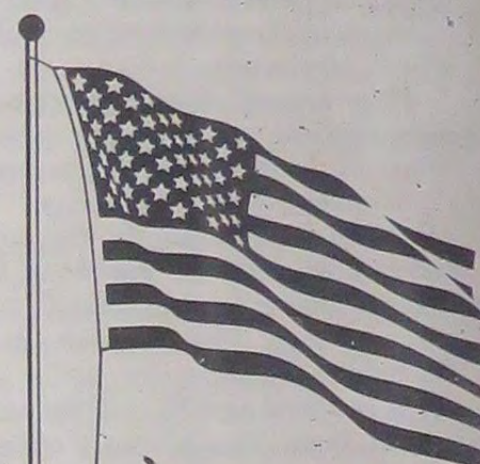
- Navy Band San Francisco to perform for Boy Scout Law Enforcement Conference in Seattle, Washington.

20-23

- National Urban League Conference at the Moscone Center, San Francisco, Calif.

31

- Naval Security Group Activity, Skaggs Island, change of command. CAPT Howard C. Ehret will relieve CAPT John H. Gates.



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MOTHERS DAY—A beautiful day for very beautiful ladies in our lives. They were out in all their glory on Mothers Day at the C.O.M., and the staff at the "O" Club paid them proper graciousness and recognition.

As a special acknowledgement of their day, and as a living remembrance of this very special occasion, each mother was presented with an African violet plant.

Johnny served up the buffet of buffets. The crab bisque and chicken Creole were scrumptious. Those who preferred the heartier entrees feasted on baked Virginia ham and top round of beef. There were other traditional brunch items such as quiches, omelettes or eggs "as you like 'em." The multiple salads complimented all foods and tastes. It seems that

everyone managed to save room for the delightful confectionary assortment of fresh pastries.

Our regulars were out in force as well as many first-timers. Seen in attendance were the Terrys, Bartletts, Baez', Mellemas, Chinnerys, Smiths, Zubers, Hayes, Meneleys, Hazens, Sowas, Hicks, Wesleys, Verettos, Spencers and a host of others too numerous to mention. The Club was absolutely "alive" with squeals of joy, pitter patter of little feet and the great smell of "real-home cooking".

We really enjoyed having you and your beautiful families, Moms, and look forward to seeing you on Fathers Day in June.

Reservations required, please call 633-6400, 6401 or 6402. See you there!

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Gazette



...And Don't Forget the Windows...

Enlisted people clean up in the Navy Relief Fund Drive. Two days of washing cars by Region staff enlisted personnel netted over \$270 for Navy Relief. Total funds raised by the Region staff amount to nearly \$4,000.



"It's the law of supply and demand, Frimston. We demand. You supply."

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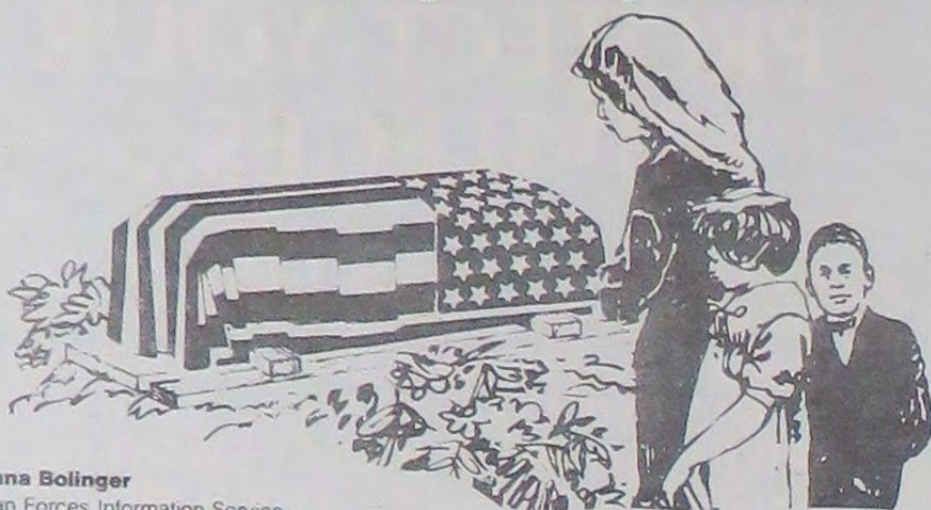
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CELEBRATING FLAG DAY—JUNE 14 'Old Glory'—Our Special Symbol



By Donna Bolinger

American Forces Information Service

Picking through the rubble of what had been the U.S. Embassy in Beirut when it was bombed in April 1983, rescue workers uncovered the body of 21-year-old Marine Cpl. Robert V. McMaugh. Beside his body lay the tattered remains of the U.S. flag that had once stood proudly beside McMaugh's guard post in the embassy's main lobby.

McMaugh's fellow Marine security guards draped their dead comrade in a fresh American flag and carried him away on a stretcher. A squad of Marines snapped to attention and saluted.

"It was a poignant moment," recalled Chief Warrant Officer Bill Henderson, a spokesman attached to the 22d Marine Amphibious Unit in Lebanon at the time of the bombing.

"Everone had been digging and digging, then suddenly, everything stopped. Not a word was said.

"Seeing the body of a fellow Marine, covered with the American flag... it was an electrifying moment."

While stationed in Beirut, Henderson said he came to appreciate the flag not just as a piece of material, but as a symbol of courage.

"Each Marine (in Lebanon) wore an American flag on his shirt," he said. "It did more than show that we were Americans. It showed that we were representing this country and what it stands for: freedom for all people."

When President Woodrow Wilson established June 14 as National Flag Day in 1915, he knew that the freedoms the U.S. flag stands for weren't — and never would be — free.

"The lines of red are lines of blood," Wilson said in his first flag Day address, "nobly and unselfishly shed by men who loved the liberty of their fellowship more than they loved their own lives and fortunes. God forbid that we should have to use the blood of America to freshen the color of the flag."

A part of Wilson's world of continuing sacrifice, Capt. Roger Mathews of U.S. Army Forces Command watched the shiny black hearses lined up outside a huge aircraft hangar at Dover Air Force

Base, Del. An honor guard from the 101st Airborne Corps snapped to attention as a C-141 aircraft arrived, carrying the first of 248 of their fellow soldiers killed in a December 1985 plane crash in Gander, Newfoundland.

There was sudden quiet as the aircraft ramp slowly came down, revealing 10 caskets, each wrapped in the bright red, white and blue of the American flag.

"That sight," said Mathews, "simply sucked the air out of everyone."

One by one, the caskets were carried from the aircraft and aligned on pedestals on the hangar floor.

"It was, by far, one of the most significant events of my life," Mathews said.

Raised in a military family, Mathews said the flag has always had a special significance to him. But his experience at Dover, he said, gave him a more personal understanding of what the U.S. flag means to members of the U.S. military.

"America stands for a lot of ideals. The flag has always been symbolic of those ideals.

"And when you serve in the military, you're sometimes called on to give everything you have to give for those ideals. . . You just can't give much more than what those soldiers gave at Gander."

Throughout history, the flag has survived victories and tragedies, glory and degradation.

Francis Scott Key's great inspiration about the American flag, "The Star Spangled Banner," was written during the War of 1812, when in the face of a British bombardment, the battle-scarred American flag continued to fly over Fort McHenry.

Col. David M. Roeder had spent only eight days as the assistant Air Force attache to the U.S. Embassy in Iran when he and more than 50 other Americans were taken hostage on Nov. 4, 1979.

For 444 days, Roeder lived without the freedoms he loved and worked to protect as a member of the U.S. military. He looked on helplessly as U.S. flag burnings became almost daily media events and his captors carried garbage

from one area of the embassy compound to another, wrapped in the American flag.

Roeder said that in the face of this adversity, he never lost faith in his country or the flag that symbolizes it.

His most positive memory associated with his captivity took place the day the newly freed hostages arrived in West Germany and were met by thousands of waving American flags.

Having just hours before run the gauntlet of angry Iranian faces, Roeder said that the sight of "all those friendly faces and all those American flags being waved made the reality of freedom explosive."

Roeder, who said he's always been a nationalist, said his experience in Iran emphasized every posi-

tive feeling he'd ever had about the United States and what it stands for.

"When you talk about a flag, whether it's standing in a place of honor at a ceremony, or draped over a casket, or waving from someone's house, you're talking about a symbol," he said.

"But the importance of that symbolism is monumental. It represents what we are, wherever we are in the world. And no matter what anyone else says about it, the flag never loses its dignity.

"It only gains dignity. Because when someone attacks the American flag, it's because they recognize all that it represents and the greatness of this country."

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Treating Burns—the Deadliest Wounds at Army's Burn Center



A burn patient's healing skin is "softer than a baby's," said Navy Airman James M. Wallace as his wife, Velia, zips up his "Jobst" shirt that exerts pressure to prevent or reduce post-graft scarring and promote natural healing of the graft. Wallace has to wear the shirt and gloves 23 hours a day for about a year and a half. He removes them only to take a shower.

Sgt. Maj. Rudi Williams, USA
American Forces Information Service

Awakening in the wee hours of the morning in an Argentinean military barracks, a U.S. sailor slid out of his American-made blue jeans and headed for the men's room. Suddenly, the whole room exploded around him!

The exploding gas didn't even torch his blue jeans. But the sailor received second degree (blistering) and third degree (charring) burns from his waist to the top of his head.

Burn treatment specialists were flown to Argentina by the Military Airlift Command, to bring Navy Airman James M. Wallace back for treatment at the world famous Army Burn Center—the U.S. Army Institute of Surgical Research, at Brooke Army Medical Center, Fort Sam Houston, San Antonio, Texas.

Working more than 90 feet above ground, a soldier dropped an antenna wire across a high voltage line. "I don't see why I didn't die," said John Frahm said later as he lay nearly nude in a special "molded" bed.

Covered only by a towel across his midsection and bandages around his legs, Frahm smiled and said, "I'm just lucky, I guess. Most people are killed by that much damage."

In an adjacent bed lay Army Airman Roscoe McMillan, who had been severely burned from head to

toe by exploding JP-5 aviation fuel while on maneuvers in South Korea. He, too, felt lucky to be alive.

These are just a few of the hundreds of life-threatening burn cases that have been treated at the internationally famous burn unit. Because of its reputation, some of the worst burn cases in the United States and some foreign countries are treated at the nation's only federal burn center.

"We treat patients from all military services and their dependents, federal government employees who are burned on the job, Veterans Administration referrals, and beneficiaries of the federal government such as American Indians, Eskimos and Aleuts," said Dr. (Col.) Basil A. Pruitt, head of the burn center. "If it's necessary, we'll send a team anywhere in the world to pick them up."

"As a life- or limb-saving act, the secretary of the Army can authorize the care of civilian emergency patients," he continued. "Foreign nationals can also be treated at the request of the State Department."

The center treats about 200 burn victims a year. More than a third are civilians, some from the surrounding San Antonio community. Special cases from foreign countries add to the patient load.

Some surgeons and nurses from

foreign countries are trained at the burn center. "We've had students from the Philippines, Japan, Norway, Belgium, Jordan and many other countries," said Pruitt.

Patients are cared for by a specially trained staff of surgeons, internists, pathologists, anesthesiologists, physiologists, psychiatric nurse clinical specialists, bacteriologists, biochemists, veterinarians, nurses, dietitians, physical therapists, occupational therapists and engineers.

"A burn of more than 50 percent of the body is the worst injury to which man is liable," said Pruitt. "It affects every organ system in the body."

Pruitt said physicians and surgeons in most hospitals don't have the time available that's required to treat burn patients. Care is more focused and efficient in burn centers, where the staff is dedicated to burn care.

In the intensive care unit, each burn patient requires as much as 18 hours a day of hands-on nursing care. That's not counting the time spent by physical and occupational therapists and other specialists.

The average hospital stay for a patient is about 35 days—about one day for every percent of burn over 20 percent of the body. The typical victim has second-degree and third-degree burns over 35 percent of the total body surface.

In addition to the injury itself, long-term functional distress and psychological and social side effects must be considered. "You don't see people who are badly disfigured by burns out walking on the streets," said Pruitt.

"It's a social death," Pruitt emphasized. "They often go home and sit in the house, lurking around the room. Some families don't want to be seen with them because people stare."

"It's a real problem with blacks, because pigment changes are very obvious," said Pruitt, perhaps the

military's foremost authority on burn victims.

"We don't have any secrets or magic," Pruitt emphasized. "We do full-time care of burn patients and also do research. We're fighting to modify the seriousness of burn injuries."

Who Gets Burned, and Why?

By Sgt. Maj. Rudi Williams, USA
American Forces Information Service

In adults, the major cause of serious burns is carelessness, and a large percentage of burns suffered by children can be attributed to child abuse, said Dr. (Col.) Basil A. Pruitt, director of the U.S. Army Institute of Surgical Research, which is commonly referred to as the "Army Burn Center."

"The majority of burns to adults are caused by mishandling of flammable liquids," Pruitt pointed out.

One burn patient poured gas into the carburetor of his car for a quick start. He told a friend to "hit it," and flaming gas shot out.

Another patient removed the gas tank from his car and took it inside his house to clean it out. He was cleaning the tank next to a stove when it blew up.

"Smoking while handling cleaning fluids is another cause of burns to adults," Pruitt added. "Smoking in bed is another."

"We get about 40 burned children a year, some of them as young as six months," said Pruitt. "Most of these burns are due to scalding with hot water, either through carelessness or as an intentionally inflicted punishment. A lot of them are burned while pulling pans off stoves that contain hot liquids."

"We try to identify child abuse cases because chances are very high that the next time it happens, the child will die," he said.



New FMA Officers Sworn in

New officers of the Oak Knoll Chapter 238 of the Federal Managers Association are sworn in by Zone Eight President John Ellis (right). The new officers are (L to R) Norman Woehrman, Treasurer; Anna Lucero, Vice President; Wanda Cappello, President; and Lily Thompson, Secretary. For information, or an application to join the Federal Managers Association, contact President Cappello at ext. 6200.

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Medical Corps Celebrates 88th Year

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NAVHOSP Bremerton Receives 3-Year Accreditation

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Fun and Fitness is a Family Affair

Page 7

Who's Responsible For Your Medical Records?

Chapel Closes After 40 Years of Service

After 40 years, the Chapel located near the main gate of the Naval Medical Command, Northwest Region, has closed its doors. In bygone days, the chapel served a population of 6,000 staff and patients.

The grand old redwood chapel was dedicated Sunday, October 14, 1945, and represented an investment of \$40,000. The October 6, 1945 issue of the *Oakleaf* (newspaper of the Naval Hospital, Oakland) described the building as an "inspiring edifice...of fine traditional line and colonial theme....The new building's large chapel and two small chapels seat a total of 500 compared with the 137 capacity of the first chapel. Also in the new structure are conveniently appointed office spaces for the chaplains, a flower room, and a storage room.

"Progress of the native redwood chapel's construction has been observed by thousands of hospital visitors and patients who passed the main gate site since ground was broken last May.

"...plans indicate the first chapel will be converted to a hospital telephone center that will provide newer and finer communications services for patients." State-of-the-art phone systems in 1945 included the rotary dialing system.

Though the chapel was the site of hundreds of weddings, baptisms and other religious rites, the use of the facility dropped as the population of patients and staff here shrunk. When the Naval Hospital built its nine-story complex in the mid to late 60's, the design also included a new chapel, which has become the center for religious activities within the hospital.

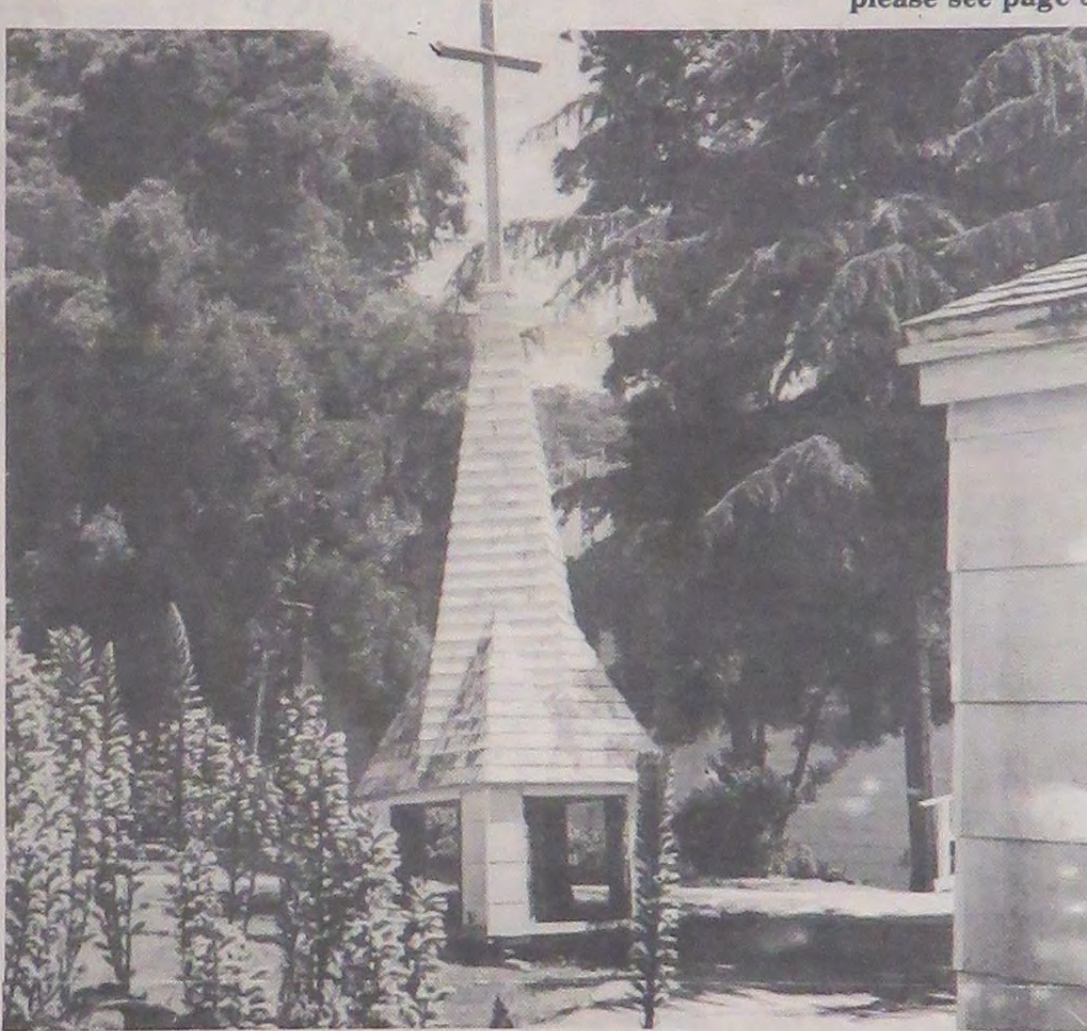
In the early 1950's, the Chinese Consolidated Benevolent Association donated nine stained glass windows and two altar rails. Since the close of the chapel, the Association has requested the return of the windows and rails so they may be placed in

another local church. The spire has been removed from the top of the chapel building and stored for use in the future.

Because of its proximity to the

main gate, the building is now being used as a pass and decal center for personnel of, and visitors to the command. It also houses the offices of the Command Security Force.

please see page 3



Standing for 40 years atop the now closed Command Chapel, this spire is being stored for future use in one of several designs. (Photo by Howard Thomas)

Bremerton Heroes Save Child

HM2 David M. Bender and HM1 John Croll of the Naval Hospital, Bremerton, Branch Clinic, Bangor, received the Navy Achievement Medal for their part in saving a child's life.

On April 20, 1985, while on a campout with friends, they heard the cries of a young girl whose four-year-old brother had fallen into Lake Christine on the Tahuya Peninsula in Washington State. Petty Officers Bender and Croll unhesitatingly assisted in the rescue of the child. The

child had been in the water approximately five minutes, and was face-down and unconscious at the time of the rescue. The two men began Cardio-Pulmonary Resuscitation as soon as the youngster had been lifted from the water. Their prompt, heroic actions were decisive in saving the boy.

For this action, the two Corpsmen were awarded the Northwest Regional Emergency Service Council's Lifesaver Award.

Hospital Corps Celebrates 88th Anniversary

by HMCM (ss) W.J. O'Daniel
Command Master Chief

The Hospital Corps was 88 years old on June 17.

Many titles have been applied to those Navy men and women who tend the sick and wounded. Loblolly Boy is historically recognized as the first in our Navy. Over the years, Hospital Mate, Hospital Steward, Nurse and Baymen were used, and the term that finally settled out for many years, Pharmacist Mate. In April 1948, the rating was changed to the present title, Hospital Corpsman.

Wherever you find Hospital Corpsmen, the expression, "Above and beyond the call of duty," is commonly heard, especially in time of war.

Before World War I, and prior to the political unrest in Europe, the number of ships and hospitals or dispensaries, were so few that the maximum strength of the Hospital Corps had never exceeded 1,584 men. As the war clouds continued to blacken in Europe in 1917, the Corps' strength was increased to 7,000 as a precautionary measure. As the war efforts gained momentum, the Corps' strength kept pace and by mid-1918 was enlarged to an unheard of 10,652 personnel.

In keeping with the finest naval traditions, Corps personnel attached to the American Expeditionary Forces in Europe during World War I, established an outstanding record of accomplishments. Never have there been more manifestations of valor and heroism under the most arduous conditions than displayed on the battlefields of France by these men. There were 460 major awards and citations, including two Medals of Honor; 55 Navy Crosses; 31 Distinguished Service Crosses; two U.S. Army Distinguished Service Medals and 27 Letters of Commendation from the Secretary of the Navy. Many received awards from the

please see page 3

Op/Ed

ADM Trost Nominated as New Navy Chief

WASHINGTON (NNS)—Admiral Carlisle A. Trost, Commander in Chief, U.S. Atlantic Fleet, has been nominated to succeed Admiral James D. Watkins as Chief of Naval Operations.

A submariner and 1953 graduate of the Naval Academy, ADM Trost has seen service aboard numerous submarines, including command of the nuclear-powered ballistic missile submarine USS Sam Rayburn (SSBN 635). He also served in several high-level staff positions. He was promoted to Admiral upon assignment to CINCLANTFLT.

"I am very pleased with President Reagan's nomination of Admiral Carlisle Trost to be my relief as Chief of Naval Operations," ADM Watkins said after the White House announcement was made. "He has the breadth of experience and the record of professional performance required to pilot the Navy in the challenging days ahead."

ADM Trost's nomination to CNO must be approved by the U.S. Senate. The formal Change of Command will take place at the U.S. Naval Academy, Annapolis, MD, June 30.

Taylor Awarded Navy Achievement Medal

LT Ivory W. Taylor, of the NAVMEDCOM NWREG Supply Department, recently received the Navy Achievement Medal from RADM Q. E. Crews, commander.

LT Taylor's citation read in part, "While assigned to the Supply Department during a period of reorganization, which identified a critical need for reducing management span of control and improving

operational efficiency, your foresight and exceptional abilities assisted the Supply Officer in developing a coordinated restructure plan."

"Throughout this period, you exhibited dynamic leadership skills, versatility and dependability in all of your endeavors. These qualities have made you a vital resource to the Supply Department and a valuable asset to this command."

Exchange and Commissary Extend Hours

In a continuing effort to improve the quality of life for all service members and their families, the Commissary and Exchange at the Naval Air Station, Alameda, are extending their hours of operation. Both facilities will remain open seven days a week for the convenience of personnel who are stationed or live in the East Bay Area. The first Sunday and Monday opening were last week. The following schedules apply:

Commissary: Monday through Friday, 9 a.m. to 7 p.m.; Saturday and Sunday, 8 a.m. to 7 p.m.

Exchange: Monday through Friday, 10 a.m. to 6 p.m.; Saturday and Sunday, 9 a.m. to 6 p.m.

The new schedule represents an

increase of 31 hours per week at the Commissary, giving it the longest operating schedule of any store in the Navy.

The Exchange is also dramatically enhancing service by increasing the number of available shopping hours by 30 percent from the present six-day schedule. The schedule has been made, keeping in mind the needs of active duty personnel and their families—in over 50 percent of the marriages involving active duty personnel both adults work and share domestic responsibilities.

Later closing times each evening are intended to make the resale activities more accessible and of greater benefit to all personnel.

Big Money in Ideas

Navy people can earn money for ideas that increase their command's efficiency through the Military Cash Awards Program (MILCAP).

Under the instructions governing MILCAP, commanding officers have the authority to pay up to \$2,500 for improvement ideas. Higher lever command may approve larger awards, and if the idea is beneficial to the entire Navy, the Secretary of the Navy can award amounts up to \$10,000.

Suggestions that could bring cash awards include: new or better tools, equipment or machines; more efficient work methods; health or safety improvements; and cost reductions.

Further information on MILCAP is in OPNAVINST 1640.88.

In Memoriam—CDR Michael L. Kleine



CDR Michael L. Kleine, MC, USN
15 June 1949 - 11 April 1986

On April 11, CDR Michael L. Kleine passed away in his sleep.

CDR Kleine was the Head, Anatomic Pathology Division of the

Laboratory Department at Naval Hospital, Oakland and served as an Associate Clinical Professor on the Volunteer Faculty, University of California, Berkeley.

Since entering active duty in June 1975, CDR Kleine completed a pathology residency at NRMCOakland; was stationed as a staff pathologist and later Head of the Laboratory Department, NRMCO, Philadelphia and served as the Medical Officer of DESRON 14 aboard the USS Briscoe (DD-977). He was awarded the National Defense Service Medal, Navy Expeditionary Medal (Persian Gulf), and the Expert Pistol Medal.

As a naval officer, a physician, but most of all, as a person, CDR Kleine will be greatly missed.

NAVHOSP Bremerton Accredited 3 Yrs.

By CDR V. P. Sandall, MSC
Executive Officer, Naval Hospital, Bremerton

Naval Hospital, Bremerton, has been awarded a three-year Certificate of Accreditation by the Joint Commission on Accreditation of Hospitals (JCAH). JCAH accreditation is evidence of Naval Hospital, Bremerton's efforts to provide quality health care.

CAPT J. W. Winebright, the hospital's commanding officer, related that when a hospital achieves accreditation, it means that its staff members have been voluntarily evaluated by an outside independent organization of peers, based on standards developed by peers, and were found to be in substantial compliance with the standards.

This accreditation process has been conducted in the United States by health care professionals since 1919. It has an impressive history, integrity and prestige. The value of an organization, such as Naval Hospital, Bremerton, in achieving accreditation lies in a proven and effective way of improving the quality of care provided. Voluntary accreditation allows the hospital to demonstrate to its patient beneficiary population an accountability and commitment to excellence in the provision of health care.

Awards, Recognition Receive at Bremerton

The following awards and recognition were recently given at Naval Hospital, Bremerton.

May 21—Letter of Commendation
LCDR Catherine Swan.

May 23—Good Conduct Awards

HM2 Daniel Carney (1st)

HN Patrick Hickey (1st)

HN Tim Langworthy (1st)

HM3 Mark Reading (1st)

Navy Functional Skills Program
Certificate

HN Dawn Malinowski.

Civilian Federal Service Award—
15 years

Debra Lund.

Letter of Commendation

Susan K. Joswiak.

Navy Tae Kwon Do Association
Certificates

HN Troy Evans, 1st place

Navy Relief Softball Tournament
Women's Softball Team—3rd place.

May 30

Navy Achievement Medal

HM2 David Bender.

Nor'wester

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HMCS G.W. Chraska.

AV: 466-7445/6

Branch Clinic Alameda

HM3 Richard Demerest.

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News

Medical Corps Anniversary from page 1

French government as well.

The farsighted policies of the several Chiefs of the Bureau of Medicine and Surgery, in maintaining well-organized training schools and inservice training for Hospital Corpsmen during the peaceful years, were amply rewarded in the early stages of mobilization for World War II.

On June 12, 1944, the first "WAVE" Hospital Corps School was established at Bethesda, Maryland and women were assigned to relieve the male Corpsmen for front line duty.

By 1945, the Corps had reached an all-time high of 140,000 officers and enlisted personnel.

The outstanding performance rendered in the care of the sick and wounded by the Hospital Corps during World War II has been established as a matter of history. It is remarkable, however, that Hospital Corps personnel received 820 major awards for meritorious service, including seven Congressional Medals of Honor and 52 Navy Crosses. The Military Order of Kuang-Hue, China's highest honor, was awarded to a Hospital Corpsman. This was notable because it was the first time in the history of China that the medal had been bestowed upon a person other than a native of China. That was not the first time that a Navy Hospital Corpsman had been distinguished in China. In 1900, during the Boxer uprising, Hospital Apprentice Robert H. Stanley was awarded the Congressional Medal of Honor for courageous action in the face of the enemy.

Shortly after the Japanese surrendered in 1945, the Navy once again began a scale-down and the Hospital Corps' strength quickly dropped from 140,000 and within two years, it settled to 15,387 Corpsmen and 600 officers.

On June 12, 1948, Congress made the "WAVES" an integral part of the Navy and HM1 Ruth Flora was the first woman to join the Hospital Corps of the Regular Navy.

In 1950, Communist North Korea, along with Red China, overran the borders of North Korea, and suddenly, war was on and another chapter was added to the Corps' history.

Of the seven Congressional Medals of Honor presented to Navy enlisted personnel for action in Korea, five were awarded to Hospital Corpsmen. Four were awarded posthumously.

After the Korean Conflict in 1954, a scale-down began, though not in numbers previously experienced after World War II. The country was already experiencing the "Cold War" syndrome among the Communist countries and the United States and her allies. A need to show the flag around the world became top priority.

The late 1950s and early 1960s found skirmishes in Laos, Lebanon and a show a power in Cuba. In late 1964, troops were sent to the Dominican Republic to squelch an uprising. Hospital Corpsmen were pulled from different commands to supplement the medical personnel of the Marine Corps. Hospital Corpsmen were involved in every operation.

Soon after the Cuban Crisis, the "Paper Tiger" again raised its ugly head and the Vietnam Conflict became a reality. By early 1965, the political unrest in Vietnam, which had been smoldering, caught fire and jungle tactical fighting became the order of the day. Crude jungle warfare caused dreadful wounds that had not been experienced before. "Bouncing Bettys"—buried land mines that tripped when stepped on—were ejected upward by a heavy spring and spread shrapnel in all directions.

Hospital Corpsmen were saving lives at every turn on the jungle trails. Two hospital ships, *Repose* and *Sanctuary* were close to the beaches and often received casualties in the operating rooms within 15 minutes after receiving enemy fire. The Hospital Corpsman casualty list, although not quite as extensive as in World War II or the Korean Conflict, was nevertheless awesome: 562 killed in action; 58 died of wounds; 3,352 wounded in action. Awards: three Medals of Honor; one Legion of Merit; 29 Navy Crosses; 127 Silver Stars; 290 Bronze Stars and 4,563 Purple Hearts.

Lest the impression be left that Corpsmen distinguish themselves only in time of war and disaster, it should be noted that the Corps' role in quiet times is equally as illustrious, serving around the world in Navy hospitals, ships and with the Marine Corps. The Medical Department of the Navy is justly proud of its Hospital Corps! In times of peace, the toil of day and night is often routine and monotonous. In time of war, they are where the going gets tough. In short, wherever medical care is needed, Hospital Corpsmen are there to serve the country and shipmates above and beyond the call of duty. No wonder men and women are proud to wear the emblem of the Hospital Corps. It is a badge of mercy and valor. The Hospital Corps is never at peace. It is forever on the firing line in the ceaseless war against disease and premature death.

"I am not an editor of a newspaper and shall always try to do right and be good, so that God will not make me one."

—Mark Twain

Chapel Closes After 40 Years from page 1



Decreasing populations of staff and patients, and more extensive use of the chapel within the hospital have brought an end to an era. This building, located next to the Command's main gate has been modified after 40 years and is now the Pass and Decal and Security Office. (Photo by Howard Thomas)



Deserving Students Awarded Scholarships

The NAS Alameda Officers' Wives Club recently awarded \$4,000 in scholarships to children of military members stationed in the Bay Area. Pictured from bottom left are: Jean Hill, \$1,000 award winner; Susan Brown, \$500 award winner; Stacey Leuschner, \$1,000 award winner; and Christopher Carney, \$500 award winner. From top left are Pam Locklear, AOWC Scholarship chairperson and Mrs. Mitchell accepting a \$1,000 scholarship on behalf of her daughter, Amy Mitchell. Miss Hill is the daughter of the Region's ACOS for Dentistry, CAPT R. K. and Mrs. Hill.

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Calendar

The Calendar is provided for input of events and activities by all medical/dental facilities in the Northwest Region. Eligible for inclusion are official, command-sponsored events and activities sponsored by such groups as enlisted and officers' wives organizations, Recreation Services, Red Cross.

June 27

- USS Shasta change of command.
- USS Mars change of command, 10 a.m. at NSC Oakland.

28

- Naval Aviation Ball (black tie) at Alameda Officer's Club at 6 p.m. POC: CDR Koch (415) 869-4047; autovon 686-4074 or LCDR Kofoed, autovon 869-4071
- USS Missouri San Francisco port visit through July 5.

29

- National Navy League Convention in San Francisco through July 3.

July 4

- Navy Band San Francisco to perform at 4th of July celebration in Sunnyvale, Calif.
- Navy Band San Francisco to perform at City of Alameda Fourth of July parade with RADM Toney as Grand Marshall.

9-12

- National Naval Officer's Association meeting at Oakland, Calif. Airport Hilton.

15

- Navy Band San Francisco to perform at Patrol Wing Ten change of command and reception at NAS Moffett Field, Calif.

18

- Navy Band San Francisco to perform for Boy Scout Law Enforcement Conference in Seattle, Washington.

20-23

- National Urban League Conference at the Moscone Center, San Francisco, Calif.

31

- Naval Security Group Activity; Skaggs Island, change of command. CAPT Howard C. Ehret will relieve CAPT John H. Gates.

UP IN SMOKE

Lung cancer accounts for nearly one-third of all cancer deaths in the United States. One-seventh of all deaths are smoking-related.
—American Cancer Society

C.O.M. Social Korner

The "Top Round of Beef Buffet Dinner and Vaudeville Night" was another highly successful "O" Club initiative. As usual, Johnny put on a fabulous and delicious spread which more than satisfied all palates.

The vaudeville show, a nostalgic review by a group of local performers, provided a change of pace and a welcome interlude to our hectic treadmills. Music from the '30s and '40s (when vaudeville was in vogue) provided an opportunity for toe-tapping and singing-along. The "regulars" were there in force again, including the Admiral and Chief of Staff, the Terrys, Mellemas, Captain Jim and Barb Smith, Captain Jack and Theresa Bartlett, and the Voslohs.

The Western Night Cookout proved to be equally enjoyable. The barbecue pit out back was activated, a tent cover was erected and the smell of cook-your-own-steak permeated

everywhere. All of the mavericks, rhinestone cowgirls and drug store cowboys were there in the traditional western garb. The Admiral and Mrs. Crews came "Texas style" with their grandson who was likewise attired. The Chief of Staff had on his "Western Poland" hat and Mrs. Levandowski wore a fashionable pink straw one gallon hat. "Black Bart" Jamie Whiteman sported his best 12-gallon "Black Arizona Rattler" hat that dominated his whole table. As usual, the retired contingent, as well as the Smiths, Mellemas and a good sprinkling of GEOCOM staff officers and families were present. A surprise door prize of a "Western Cowboy" collector's bottle of Jim Beam was won by one of our retired regulars.

It was a very relaxed, carefree and delightful gathering thoroughly enjoyed by all. Hi-ho Silver, away!



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June 20, 1986

Gazette

New Look for Security Department



Security Chief MAC T. E. Johnson wears the new woodland camouflage uniform authorized and directed for wear by all Navy shorebased officer and enlisted Navy Security Force personnel while in performance of normal security duties.

A new look has come to the Security Department of the Naval Medical

Command, Northwest Region. Security personnel now wear the woodland camouflage uniform.

The wear of the uniform was directed by the Chief of Naval Operations, saying, "The intent of the uniform is to preserve a deterrent image, and is not to set our MAA forces apart from our sailors."

The woodland camouflage utility uniform is the standard working uniform for all Navy shorebased officer and enlisted Navy Security Force personnel while in the performance of the normal security duties.

The uniform consists of a loose-fitting coat; trousers bloused at the top of polished combat boots; black socks; black Navy web belt; USMC tee shirt and unstenciled USMC camouflaged utility cap.

Grade/rate insignia for enlisted E1 through E6 will be flat black metal on collar and cap. CPOs and officers will wear standard collar devices.

Yellow raincoat or USMC green poncho and USMC camouflage field jacket are authorized for inclement weather.

All Hands Magazines Features Education

In the April issue of *All Hands* magazine, educational opportunities are featured in part two of the series, "Navy Rights and Benefits."

All Hands will continue to feature

this series to give Navy people important information concerning their rights and benefits. In the May issue of *All Hands*, pay and allowances will be featured in part three of the series.



"Use the code . . . If he comes in your gate by himself, broadcast—'WOBBLY BOBBILY, DOBBLY DO'. If one person is with him, use the code words—'WOBBLY, BOBBILY, BIDDILY BOB', and if he's with more than one person, use—'WOBBLY, BOBBILY, DIDDILY BOO', Got that?"

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Etc.

Fun and Fitness is a Family Affair at Many Navy Installations



By Debbie Gaggiani-Tagg
Navy Recreational Services,
Washington, D.C.

Where can you find Mom, Dad and the kids enjoying fun activities like bike hikes and weekend campouts while getting fit? At Navy installations with Fun and Fitness programs, that's where.

Fun and Fitness, which began in May 1985, is an ongoing physical fitness program for youths age six to 18. The program strives to steer kids away from video games and TV sets toward sports and recreational activities. Although the program is geared toward youths, Navy parents are encouraged to participate in the family events or help with youth activities. Youths and families from local communities also are invited to have fun while getting fit.

Developed in cooperation with the President's Council on Physical Fitness and Sports, the program is a Navywide effort to help restore the declining physical condition of this country's youths. A 1984 report funded by the U.S. Department of Health and Human Services revealed that today's children are not as fit as their counterparts in the 1960s. The report found that today's children weigh more and don't get enough exercise.

According to Mick McAndrews, youth and family recreation coordinator with the Navy's Recreational Services office, the most important thing Fun and Fitness has accomplished is to open the eyes of Navy parents to the fitness needs of their children. He said many parents who jog and work out at health clubs are unaware of the poor physical condition of their children. He said, "More parents must become aware that physical fitness is just as important for kids as it is for them."

McAndrews said Navy parents have volunteered their time to the

program. Many help coordinate or referee youth-oriented events. Some are being trained as coaches for Fun and Fitness team sports.

Parents like another positive aspect of the program, McAndrews said. "It's an alternative to drug and alcohol abuse, boredom and youth vandalism."

And because Fun and Fitness is an ongoing Navywide youth program offered at many installations, parents and their children are likely to find similar activities wherever they are stationed.

Fitness testing started in 1985 is being expanded and computerized this year to more accurately monitor youth fitness. The program also is concentrating more on motivating children to participate in the testing and other activities.

Children are invited to meet the Fun and Fitness "Challenge," a youth fitness test given quarterly to establish where children are on the fitness scale. Rather than compete against their peers, youths strive to improve upon their last scores.

Under a new awards program, each young person is rewarded just for participating in the Challenge. Those who greatly improve, receive an achievement award. Another award is for children who maintain high marks in school while their Challenge score improves. But the highest honor—the Admiral's Award—goes to the youths who achieve the best score in their age group Navywide.

Promotional materials such as Fun and Fitness shoelaces, Frisbees, balloons and banners available at local commands also encourage children to participate in the activities.

In addition to testing, youngsters and their parents can have fun while getting fit by participating in such events as fun runs, backpacking,

basketball leagues, family weekend campouts, body building competitions and many others.

Activities designed to appeal to all young people are being developed at 26 "program sites." Each site has a youth specialist whose duty is to plan new recreational and sports activities as a part of the Fun and Fitness program. More family-oriented events also are being planned this year to make fitness a family affair.

Information on Fun and Fitness activities developed at these program sites will be shared with all installa-

tions so they can offer the best programs possible.

"Our goal is to have a top-notch Fun and Fitness program at every installation in the Navy," said McAndrews.

Reprinted from With

Program sites in the Northwest Region

Naval Station, Mare Island, CA
Naval Air Station, Alameda, CA
Naval Air Station, Lemoore, CA
Naval Air Station, Whidbey Island, WA
Naval Air Station, Adak, AK



SECNAV Approves Ten New Clinics

The Secretary of the Navy has approved the establishment of ten Primary Medical Care Clinics at eight locations around CONUS during FY 87 and FY 88. These clinics, patterned after the Army's successful PRIMUS (Primary Care for the Uniformed Services) Center in Northern Virginia, would provide improved access to medical care for military members and their families. The centers will be operated by civilian medical staffs under contract to the Navy, and will function as adjuncts to the Navy Treatment Facilities in the area. They will provide basic health care services to active duty and retired military members and dependents at no cost,

and on a walk-in, no-appointment basis.

The medical staff will consist of qualified Family Practice physicians and support staff.

Plans call for the establishment of the centers at the following locations during the following fiscal years: Mayport, FL (FY 87); Jacksonville, FL (FY 87); Tidewater, VA (two in FY 87 and FY 88); and in FY 88, Oceanside, CA, Long Beach, CA, San Francisco, CA and Charleston, SC. The clinics are scheduled to be open from 7 a.m. to 8 p.m. Monday through Friday, and on reduced hours on weekends and during holiday periods.

June 20, 1986

Etc.

Travel Security Begins With You



By Tom Joyce
American Forces Information Service

With the increased threat of terrorism, many service members traveling overseas have taken steps to protect themselves that are contrary to standard travel policy.

There have been several reports of military personnel placing identification cards and passports in their luggage and not being able to show them to airline or immigration authorities. Some service members have arrived at airline check-in counters carrying only a military identification card when a passport was required.

While the Department of Defense and the services are doing all they can to accommodate those traveling to or through high-threat areas overseas, basic travel regulations must still be followed when traveling through areas that are not considered high risk.

Department of Defense personnel must still travel on no-fee official (red) passports or on official orders with identification cards as required by the country being visited. Command-sponsored family members will continue to use the no-fee regular (blue) passports with an official endorsement.

However, those Department of Defense personnel traveling on official orders to or from high-threat areas, or through high-risk airports by commercial air, can obtain and use the regular fee passport for security reasons. They will be reimbursed for the passports and visas by the government.

In some cases, Department of Defense personnel may also be authorized to fly on foreign-flag airlines and use indirect routings to avoid high-risk areas. Transportation offices should be consulted for the specifics regarding those authorizations.

When travel overseas becomes necessary, the following precautions are recommended by Department of Defense anti-terrorist experts to help reduce the hazards associated with potential terrorist assaults:

□ When making travel arrangements, leave the rank and military address off travel documents and hotel reservations. Use office symbols on orders and leave authorizations if the word description indicates a high or sensitive position.

□ Consider getting a seat at the rear of the plane away from potential hostile action, which usually takes place near the cockpit. Window seats offer more protection because hijackers move up and down the aisles. A seat by an emergency exit may provide escape opportunities.

□ Civilian clothing should be worn on all commercial flights, but it should be void of anything clearly of U.S. origin. That would include cowboy hats and boots, belt buckles, baseball caps or clothing that carries American-product logos. Long-sleeved shirts can be used to cover visible U.S.-affiliated tattoos.

□ Arrive at the airport early, and don't loiter in public sections. Proceed through the security checkpoints as soon as possible to secure areas to await your flight.

□ Blend in with the other passengers, but don't discuss your military association with anyone. All hijackers may not reveal themselves at the same time. Sometimes hijackers leave one person secretly among the passengers to try to identify any security people who may be on the aircraft.

□ If you are traveling on a tourist passport, remember that it is only a shallow attempt to hide your affiliation with the Department of Defense. Surrender your passport if asked; if directly confronted, confirm that you are with the Department of Defense. Be prepared to explain that you always travel on your personal passport and were not intentionally trying to deceive anyone.

The above measures are precautionary and will help increase your awareness of the terrorist threat. But, remember, your chances of becoming a victim of terrorism are extremely remote.

Medical Records: Who's Responsible?

By Donna Bolinger
American Forces Information Service

Members of the civilian medical community throw their arms up in horror when they learn that in military medical facilities, patients frequently keep their own outpatient medical records and hand carry them to medical facilities when seeking treatment.

Civilian medical records, explained Dr. Edward Blount, DoD special assistant for medical affairs, belong not to the patient, but to the attending medical facility.

Not so in the military, where they are U.S. government property. And while by regulation all patients at these facilities are required to leave their records with their medical facility, all too often they don't.

Inpatient records are kept on file by the treating facility. But because of the mobility of the military community and the frequent use of more than one medical facility by one patient, patients often keep their own outpatient records.

Blount said this often backfires on the patient in the form of lost or incomplete health records.

"What they sometimes end up with is a hodge-podge of 20 or more years of paperwork that they carry around in the trunk of their cars," according to Lt. Col. Fred McLain, director of patient administration at Walter Reed Army Medical Center.

"We find that the records are in no rational order, some are duplicated and some missing altogether. And if a patient visits more than one (military medical) facility, the people at those facilities have no idea where the lab reports from those visits should be sent — so they end up in the dead record file."

McLain pointed to other pitfalls in maintaining one's own outpatient health records. "In an emergency," he said, "only the pa-

tient knows where his records are. Nobody else knows to look in the trunk of his car."

And if the patient maintains his own outpatient records, it could interfere with security clearance verifications, make legal claims against the government nearly impossible for a patient to prove, and seriously hamper identification efforts if the patient is killed, he said.

Blount recommends that all service members, family members and retirees keep their outpatient medical records at the medical facility they most frequently visit, and when visiting another facility, that they notify the medical personnel there where to send record updates.

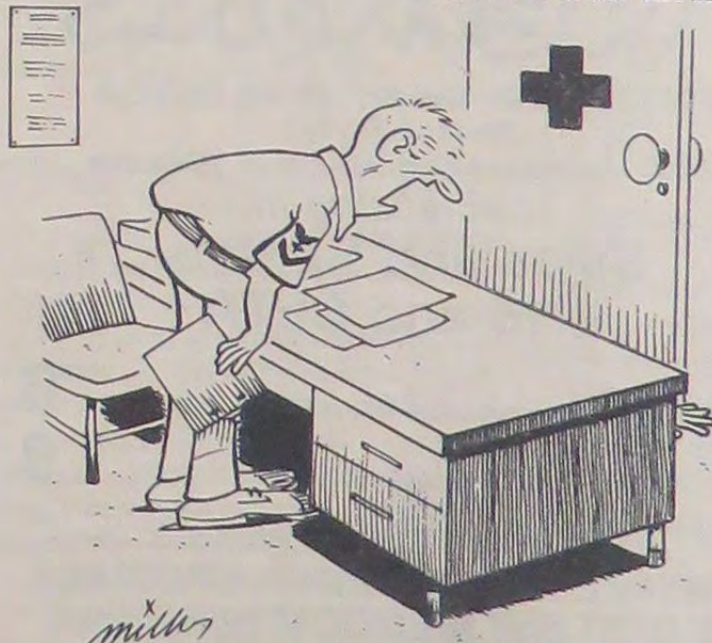
While assuring that the records are safe and readily accessible, this also gives the medical facility an opportunity to update them with laboratory reports and medical consultation sheets that sometimes aren't ready for entry until some time after an outpatient visit.

It also means that information about any inpatient care received is included in his outpatient records.

If a service member maintains his and his dependents' own records, he alone is responsible for documenting this information in his medical records.

Blount said a patient compromises no privacy by allowing a military medical facility to maintain his medical records. Even medical personnel must sign them in and out while working on the records. And non-medical personnel — even a service member's commander — are not granted access to these records without the patient's authorization.

He recommended that service members request a complete copy of their and their dependents' outpatient records and inpatient summary reports from their medical facility so they, too, have a detailed record of their medical histories.



"Go back and get your medical records."

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Nor'wester

Page 1

New COs For Two Medical Facilities

Page 2

Significant Changes in Survivor Benefits

Page 3

Dental Health From Gold Rush to Gold Crowns

Page 6

Married Active Duty Spouses and Joint Assignments

New COs For Two NWREG facilities

Two medical facilities in the Naval Medical Command, Northwest Region have new commanding officers. Captain William McDaniel relieved Captain James Black as CO of the Naval Hospital, Oak Harbor, WA. Captain Richard Poley is interim commanding officer of the Naval Hospital, Oakland relieving Captain Joseph P. Smyth.

The *Nor'wester* will feature stories of the new CO's in the next issue.

Leaving Naval Hospital, Oak Harbor is CAPT Black. He received his B.A. Degree from Gettysburg College, Gettysburg, PA in 1958 and his D.O. Degree from Philadelphia College of Osteopathic Medicine in 1962. He completed a rotating internship at Fort Worth, TX, Osteopathic Hospital in 1963 and completed his Anesthesiology Residency at the same institution in 1965. Upon completion of his residency, he entered private practice and served as a member of the Admissions Committee and was appointed clinical instructor at the Texas College of Osteopathic Medicine during 1973 and 1974.

After receiving his commission in the Medical Corps, he completed a course of instruction in Aerospace Medicine at the Naval Aerospace Medical Institute in Pensacola, FL, and was designated a Flight Surgeon in March 1975. He has had duty aboard USS Ranger (CV-61), and numerous assignments at the Bureau of Medicine and Surgery, Military Personnel Command and NRMCOakland.

CAPT Black's awards include the Meritorious Service Medal, and the Navy Commendation Medal.

He is married to the former Joann Baltosser. They have three daughters and a son.

CAPT Black reports for duty as Commanding Officer, Naval Hospital Yokosuka, Japan.

Former Commanding Officer of the Naval Hospital, Oakland, CAPT Joseph Smyth, began his Navy career



CAPT Joseph P. Smyth, former Commanding Officer, Naval Hospital, Oakland.

as a Hospital Corpsman in 1953.

Having achieved the rank of HM1, he decided he wanted to be a Navy physician. While earning his Medical Degree at Creighton University School of Medicine in Omaha, Nebraska, Smyth enrolled in the Navy's Senior Medical Program. He served his internship and completed his internal medicine residency at Naval Hospital, Philadelphia from 1964 to 1968.

Subsequent tours of duty have included service in Vietnam, NRMCO Orlando and NRMCO Yokosuka. He is no stranger to the Naval Hospital, Oakland. He served as Executive Officer here followed by a tour as Commanding Officer, Naval Hospital, Okinawa. He returned as Commanding Officer of the Naval Hospital, Oakland in 1984.

LCDR Bogart Nurse of the Year

The Oakland Council of the Navy League of the United States honored its' second Nurse of the Year at an annual luncheon last week. The nurse who was selected based upon her nursing, teaching and managerial/supervisory skills was LCDR Deanna Bogart of the Naval Hospital Oakland.

During the ceremony, LCDR Bogart received flowers, and gifts



CAPT James H. Black, former Commanding Officer, Naval Hospital, Oak Harbor.

from local Navy League supporters. She was also recognized in a KABL radio Bay Area profile.

LCDR Bogart entered the Navy in 1971 after completing her basic nursing training at the St. Francis School of Nursing in Grand Island, Nebraska. She has had a variety of assignments in her career—from staff nursing on an Orthopedic Unit at

CAPT Smyth's decorations include the Meritorious Service Medal with Gold Star, Navy Commendation Medal with Combat "V"

CAPT Smyth is licensed in four states to practice medicine. He is a Diplomate of the National Board of Medical Examiners. He holds membership in several professional societies including the AMA.

CAPT Smyth and his wife, Ursula, are the parents of three children. His mother, Mrs. Helen Smyth also resides with his family.

CAPT Smyth's next tour of duty is as Commander, Naval Medical Command, European Region.

LCDR Bogart entered the Navy in 1971 after completing her basic nursing training at the St. Francis School of Nursing in Grand Island, Nebraska. She has had a variety of assignments in her career—from staff nursing on an Orthopedic Unit at

race, creed, color, national origin or sex of the patron. A confirmed violation or rejection of this policy of equal opportunity by the advertiser will result in the refusal to print advertising from that source. Reader contributions and comments are heartily solicited. *Nor'wester's* editorial deadline is 3 p.m. Wednesday for publication Friday of the following week.

please see page 3

New CNO Talks About His "Greatest Challenge"

Norfolk, VA—Newly-nominated Chief of Naval Operations (CNO) ADM. Carlisle A.H. Trost, Commander In Chief, U.S. Atlantic Fleet, said in an interview that being nominated CNO was a "Feeling of tremendous satisfaction."

Trost said his professional performance over the years has been good enough to give him the background which enabled him to be selected for CNO.

"I've faced challenges in the past, but being CNO for the next four years will be the greatest challenge of my career," he said.

Talking about the average sailor, Trost said, "The way they feel about me will depend on how well I perform." The Admiral said he's a strong believer that people come first and that we're not ready—unless our people are ready.

Trost believes the American sailor today is of better quality than in the past and that the Navy has good leadership at the officer and petty officer levels.

He recently spoke with sailors who were on an extended deployment and found them to be pleased with their performance. "They feel proud of themselves. That's what we're all about—they do a professional job and they're proud of doing it."

The new CNO concluded the interview, "I'm looking forward to a challenging four years. I suspect I'll develop some more gray hairs by the end of it and the frustrations sometimes will outweigh the satisfaction; but in the long run, I expect the satisfaction of leading the best Navy in the world to be overwhelming."

JULY 4TH

Op/Ed

Military Survivor Benefit Plan Has Some Important Changes for FY 1986

By Hal Haskins
American Forces Information Service

Required spouse agreement and elimination of the Social Security offset system are among significant changes to the Survivor Benefit Plan that were contained in the Department of Defense Authorization Act for Fiscal Year 1986.

Enacted by Congress in 1972, the Survivor Benefit Plan provides an annuity in monthly payments to the retiree's spouse (or other dependents) upon the retiree's death. The government pays a substantial part of its cost. The cost to retirees is withheld from retired pay — there is no cost to any member until he or she receives, or is entitled to receive, retired or retainer pay.

The following changes became effective March 1 of this year:

☐ For active duty members, spouse agreement is required if the member: (a) declines coverage under the plan; (b) elects less than maximum spouse coverage; or (c) elects child-only coverage.

☐ For Reserve members, spouse agreement is required if election under the Reserve component of the plan is: (a) less than the maximum for spouse coverage; or (b) for child-only coverage.

☐ If spouse agreement is not received before an active duty member's retirement date or in conjunction with a reservist's election upon notification of eligibility for retired pay, then full spouse costs and coverage will be implemented, regardless of any request by the member to do otherwise.

☐ The Social Security offset is eliminated and replaced with a two-tier benefit structure. Surviving spouses, former spouses and dependent children will receive 55 percent of the base amount until age 62 and 35 percent thereafter. But, surviving spouses receiving an annuity under the plan on Oct. 1,

1985, and beneficiaries of members who were retired or who were retirement-eligible on or before Oct. 1, 1985, will be "grandfathered." That is, the service finance offices will compute annuities for these persons under both Social Security offset and the two-tier system, and will pay the greater amount.

☐ Former spouse coverage now carries the same cost and annuity as spouse coverage. Other new former spouse provisions include:

(a) The member may elect former spouse and child coverage for children of a marriage to that former spouse (children of other marriages may not be covered); (b) The member may elect a reduced base amount for former spouse coverage; (c) The former spouse loses annuity if remarried before age 60; (d) The former spouse may receive only one Survivor Benefit Plan or Reserve Component Plan annuity; (e) The former spouse annuity is subject to an offset for dependence and indemnity compensation.

☐ The low-cost portion of the Survivor Benefit Plan or Reserve Component Survivor Benefit Plan participation will be increased (indexed) by the same percentage as any increase in basic rates. For example, the new low-cost base amount is \$309 instead of \$300 due to the Oct. 1, 1985, pay raise.

☐ When a retirement-eligible member and spouse die as a result of a common accident, a Survivor Benefit Plan annuity may be paid to eligible surviving children.

☐ A surviving spouse may receive a Survivor Benefit Plan annuity if the member was a commissioned officer with less than 10 years commissioned service but with more than 20 years active duty service.

☐ Surviving spouses of Reserve members who died after Sept. 30, 1978, and who were eligible to participate in the Reserve component of the Survivor Benefit Plan but who died before receiving their notice of eligibility or who died during the 90 day notification of eligibility period are eligible for a Reserve Component Survivor Benefit Plan annuity. Dependent children of reserve members described above are eligible for Reserve Component Survivor Benefit Plan coverage if the member and spouse died in a common accident.

☐ If a member elects spouse or spouse and child coverage before retirement and remarries after retirement, the member can increase coverage or withdraw from spouse coverage without consent of the present spouse. The member must pay accumulated differential costs, plus interest, for increased coverage.

☐ A provision in last year's authorization act that eliminated the

Social Security offset for widows receiving benefits on their own earnings record was repealed. However, members who became participants during that period of time are allowed to withdraw from the plan if they choose.

☐ Surviving spouses who lost entitlement to dependent indemnity compensation through remarriage after age 60 may repay previously refunded Survivor Benefit Plan costs and thereby reestablish annuity under the plan.

☐ Survivor Benefit Plan annuity will be paid without offset in the month of death when dependency and indemnity compensation is payable. Such payment does not start until the first of the following

month; prior to this change, the Survivor Benefit Plan annuity was offset in the month of death.

While not contained specifically in the Defense Authorization Act, it is service policy for members and their spouses to be notified 45 days before retirement of the options available with the Survivor Benefit Plan.

For further information about these changes or the basic Survivor Benefit Plan itself, contact the personnel branch at your installation. An updated American Forces Information Service publication, "Survivor Benefit Plan," detailing the changes should be available through service distribution channels later this year.

4th of July Message from the President

The Independence Day we celebrate this year is special. This July 4th, in New York Harbor, we will rededicate a refurbished Statue of Liberty — that grand and glorious symbol of liberty and hope — which for the last hundred years has greeted millions of immigrants. She has welcomed them to a new land and a new life, where the darkness of privation and oppression gave way to the sunlight of opportunity and liberty — the freedom to speak and write and worship and achieve.

As we celebrate this two hundred and tenth anniversary of our Founding Fathers' Declaration of Independence, we are reminded once again that it is the gallant men and women of our Armed Forces who have maintained and sustained the liberty we prize, a liberty that generations of patriots have won for us with their courage and sacrifices. Because of your dedication and commitment to defend America against all its enemies, we still enjoy those precious rights, and the Statue of Liberty remains a beacon of hope for people throughout the world who yearn for freedom.

On this special Fourth of July, I am especially proud to serve our nation as Commander In Chief of such splendid forces. Nancy and I salute you and join all of our fellow Americans in wishing you and your families, here and abroad, a safe and happy Independence Day.

Ronald Reagan

Ronald Reagan

4th of July Message from the Secretary of Defense

Today our nation celebrates its two-hundred-and-tenth birthday. Our Founding Fathers pledged their lives, their fortunes and their sacred honor in pursuit of liberty and justice. They put their signatures on the Declaration of Independence in defiance of a King. In a similar fashion, the men and women who today serve in our Armed Forces pledge to support the continuing pursuit of liberty and justice in defiance of despots who would, if given the chance, destroy the political, religious and individual freedoms Americans have enjoyed since that first Independence Day of 1776.

As we celebrate across our nation, from our refurbished Statue of Liberty in New York Harbor, to the Golden Gate in San Francisco, to Diamond Head in Hawaii, and to the snowy peaks of Alaska, we know that it is only through your courage and your commitment to the same spirit of independence that flourished within our Founding Fathers, that we have the opportunity to observe this great day in American history every year. I am confident that we will be able to continue to celebrate our nation's independence for untold years to come because of your service in the cause of liberty, freedom, and justice for all.

For that we are most grateful to all of you.

Caspar W. Weinberger

Caspar W. Weinberger

Nor'wester

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News

NAVMEDCOMNWREG Exec. Assistant Awarded Navy Commendation Medal

Lt. H.M. "Hank" Chinnery, NAVMEDCOMNWREG Executive Assistant, was awarded the Navy Commendation Medal upon his departure from the Command recently.

The citation signed by Admiral James D. Watkins, Chief of Naval Operations read: "For meritorious service as Executive Assistant to the Chief of Staff, Naval Medical Command, Northwest Region, Oakland, CA from October 1983 to April 1986. LT Chinnery's superb performance of duty was instrumental in the successful establishment of the Naval Medical Command, Northwest Region and in the completion of the restructuring effort whereby the Geographic Command assumed the host role for the administrative/management non-direct patient care functions from the Naval Hospital, Oakland. He implemented

many new and improved programs throughout the Northwest Region at a highly critical time when fleet operational mission requirements were accelerating and available resources were diminishing. The exceptional leadership, professional knowledge and management ability which LT Chinnery displayed in carrying out his tasks as Aide to the Commander and as Executive Assistant to the Chief of Staff were readily recognized and widely respected throughout the Tri-Service military organization, line shore commands, and the civilian healthcare community of the Northwest Region. By his unfailing good judgement, effectiveness, loyalty and total devotion to duty, LT Chinnery reflected credit upon himself and upheld the highest traditions of the United States Naval Service."

Bremerton Awards and Recognition

The following is a summary of awards and recognition from Naval Hospital, Bremerton, for the period 1 through 15 June 1986:

2 June 1986

Letter of Appreciation (Received from Bremerton High School)

HM3 Darrel Davis

HM3 Jeffery Fultz

3 June 1986

Letter of Appreciation (Received from Airlift Northwest, Seattle, WA)

HN Deborah McRae

HN James Noonan

6 June 1986

Letter of Commendation (Forwarded to Trident Training Facility, Bangor for presentation)

MM2 Kenneth Haws

9 June 1986

Letter of Commendation (Forwarded to NAVHOSP, Subic Bay for presentation)

HM3 Michele Clay

13 June 1986

Good Conduct Awards

HM3 Robert Mallon (1st)

HM2 Eugene Monroe (2nd)

HM1 Michael Hyers (2nd)

HM1 George Hart (4th)

Letter of Commendation

LCDR David Parks, MC

Certificate of Commendation, Recognition and Appreciation

JoAnn Hart

Civilian Federal Service Award

40 Years

Alma Walker

15 Years

Marjorie Heidenrieck

Civilian Employee of the Quarter (2nd Quarter of 1986).

Lola Wright

MEDCOM NWREG promotions:

The Naval Medical Command, Northwest Region congratulates the following personnel on being frocked to the next higher rank:

HM2 Marc Dematteo

BM2 Ronald C. Rardin

MS1 Steven A. Ishmail

HM1 Charles R. Albritton

HM1 Dany R. Kohler

Nurse of the Year continued from page 1

Naval Hospital, Great Lakes; Coronary Care Unit at Naval Hospital, Guam; and Nursing Education at Naval Hospital, San Diego. She also served briefly on the hospital ship, USS Sanctuary during a cruise which returned it to its homeport.

LCDR Bogart earned a Bachelors Degree in Nursing from Purdue University and a Masters Degree in Nursing Administration from the University of California San Francisco.

CAPT Janice Emal, Director of Nursing at Naval Hospital, Oakland,

said of Lcdr Bogart, "She is an exceptionally competent professional. She possesses an excellent knowledge of nursing theory and practice, and exceptional managerial and leadership skills, which she utilizes to assure the delivery of optimal individualized nursing care. She is a strong and dedicated asset to the Navy's health care team."

LCDR Bogart and her husband James, a Supply Corps Officer, live in San Ramon. They have three children.

Letter of Commendation for HMC Eslao



HMC John-Gregorio A. Eslao (right), Branch Clinic, Naval Weapons Station Concord, received a letter of Commendation from the Commanding Officer Naval Hospital, Oakland. The award was presented by LT Robert E. Ritz, MSC, USN, Officer-in-Charge of the clinic. The Chief recently transferred to sea duty as senior medical department representative for the USS Pyro (AE-24).

Dental Health—We've Come a Long Way Since the Gold Rush Days!

by CDR M.W. Patterson, DC, USN
Branch Dental Clinic, Adak

The men who went to California in the Gold Rush of 1849 didn't spend time worrying about their teeth. They went about their business until they had a toothache, and then they had someone take the tooth out. That someone could be a blacksmith, a barber, a druggist, a doctor, or—if the miner was lucky—a traveling dentist.

Few towns in the Old West had enough patients so that a dentist could stay put all year. Most dentists set up a home office in one of the larger communities and traveled to those who needed their services. Before arriving in a strange town, the "tumbleweed" or "sagebrush" dentist would advertise in the town newspaper or have handbills put up, announcing his arrival.

When he got to town, the dentist usually rented two rooms in a hotel—one for an office and another for sleeping—and started work. If he planned to stay around long, he might go to the local barber shop and rent a chair that could be tilted backward so that he could see inside the patient's mouth easily. Office hours were arranged to suit the patients. During the Gold Rush, dentists worked evenings, by the light of kerosene lamps, when looking for gold was impossible.

Traveling dentists carried their supplies along with them in a saddle bag or suitcase, because getting supplies by rail was slow and uncertain. Among his possessions, the early dentist carried forceps and other dental instruments for extractions, dental alloy and mercury for fillings, and plaster of paris, hard rubber and artificial teeth for bridgework. Around the turn of the century, some dentists equipped buckboards with foot-powered dental engines, lathes, and other devices so that they could provide a wider variety of services.

The gold needed for crowns and bridges could safely be left out of the dentist's saddle bag. Five-and-ten dollar gold pieces were reasonably pure and always available, so plenty of them were hammered into bridgework on a blacksmith's anvil. Also, to show off their success, miners sometimes asked the dentist to fashion gold nuggets they'd found into crowns for their teeth, whether they needed crowns or not.

Life wasn't easy in frontier days—not for dentists nor for their patients. If you've ever wished you lived back then, imagine that you've got a swollen jaw and are sitting in a barber's chair, having a tooth taken out, with whiskey your only anesthetic and no penicillin available. And be glad that you live in 1986.

Calendar

The Calendar is provided for input of events and activities by all medical/dental facilities in the Northwest Region. Eligible for inclusion are official command-sponsored events and activities sponsored by such groups as enlisted and officers' wives organizations, Recreation Services, Red Cross.

July 4

- Navy Band San Francisco to perform at 4th of July celebration in Sunnyvale, Calif.

- Navy Band San Francisco to perform at City of Alameda Fourth of July parade with RADM Toney as Grand Marshall.

9-12

National Naval Officer's Association meeting at Oakland, Calif. Airport Hilton.

15

- Navy Band San Francisco to perform at Patrol Wing Ten change of command and reception at NAS Moffett Field, Calif.

18

- Navy Band San Francisco to perform for Boy Scout Law Enforcement Conference in Seattle, Washington.

20-23

- National Urban League Conference at the Moscone Center, San Francisco, Calif.



31

- Naval Security Group Activity, Skaggs Island, change of command. CAPT Howard C. Ehret will relieve CAPT John H. Gates.

August 2-6

- USS O'Callahan San Francisco port visit.

8

- Medical Service Corps Ball, Naval Medical Command, NWREG O' Club.

10

- Naval Communication Station, Stockton change of command.

12

- Military Sealift Command Pacific change of command.

15

- Naval Air Rework Facility, Alameda change of command.

15-17

- NAS Moffett Field Air Show.

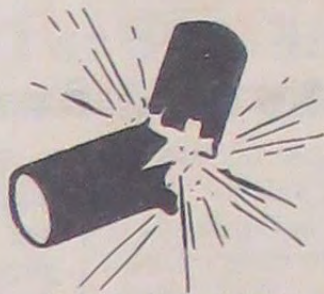
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- Naval Public Works Center, San Francisco Bay change of command.

27

- Naval Supply Center, Oakland change of command.

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Gazette

Oak Knoll Women's Team Captures Title



The Oak Knoll Women's Varsity Softball Team:
Top row (L-R): K. Johnson, A. Freed, HMC Marumoto, coach, D. Pellini, R. Andrade, K. Graham, D. Taormina, S. Viney and HMC Johnson, coach.
Bottom row (L-R): D. Guy, K. Porowski, S. Lee, B. Green and C. Jonas.

by Ron Brown
The Oak Knoll Women's Varsity Slow-Pitch Softball Team captured the 1986 Pacific Sports Conference League title with a record of 11 wins and one loss.
The highlight of the season was Oak Knoll's double-header sweep of NAS Lemoore at Lemoore. Going into the double-header the Lemoore team was undefeated. Oak Knoll had to win both games to capture the title.
"Playing with grim determination in the hot valley weather, the team came away with impressive scores of 6-1 and 5-1," says coach Mick Marumoto.

Under the capable leadership of coaches Marumoto and Tim Johnson, the team stacked up victory after victory. "Success was due to the combined strong pitching of Debbie Guy and Kathy Graham, the steady defensive play of Sandy Viney, Ro Andrade, Debbie Pellini, Karen Stewart, Debbie Taormina in the infield, and the outfield of 'C.J.' Jones, Kelly Parowski, Diane Rogers and Sheila Johnson," said Marumoto.
Offensive power was provided by Sandy Viney, Debbie Pellini, Sheila Johnson, Ro Andrade and Kathy Johnson. Contributing off the bench were standouts: Barb Green, Sue Gilliland and Anita Freed.

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Services Work to Assign Spouses Together

By Tom Joyce
American Forces Information Service

When Cupid fires his arrow of love, it sometimes lands squarely in the hearts of two active duty military members. In many cases, marriage follows.

But Cupid usually doesn't stop to think of the unique problems inherent in military marriages, one of which can be a joint assignment.

It's not always easy, but the services have track records they can be proud of when it comes to collocating same-service married military members. When service members marry outside their service, the task of getting them assigned together is even more difficult — but not impossible.

Discussions with service personnel specialists who work with joint domicile assignments reveal many of the same requirements.

Richard K. Hile, with the Army's Deputy Chief of Staff for Personnel, sums up an Army policy that is reflected in each service: "The Army will do all it can to support joint domicile, but the needs of the Army come first." Currently, 85 percent of Army military couples are assigned together.

But there are no guarantees in any service. None will create positions solely for the purpose of assigning military couples together.

"And even if we are able to find billets, they may not be the most career-enhancing billets there are," pointed out Lt. Kathy Buscher, policy directives coordinator with the Office of the Chief of Naval Operations. Buscher added that if billets cannot be found, the couple will have to be separated. Still, the Navy reports that 97 percent of its military couples are stationed together.

The important thing for married service members is to become involved in the assignment process. Master Sgt. Dave Vasquez of the Air Force Manpower and Personnel Center said, "Military couples have to share the responsibility to heighten their chances of becoming assigned together. They need to be fully aware of the rules and procedures." Vasquez, who reports an 86 percent success rate with the Air Force, said getting military couples assigned together takes a lot of hard work.



A Marine Corps spokesman agreed. "A lot of times Marines get married while they are in school and fail to tell the Marine Corps. When their orders come through assigning them to different parts of the world, they become frustrated. In many instances, Marines get married after they have received their orders."

The key, agree all services, is to get involved in the process as soon as possible. Hile reports that if couples plan far enough ahead, there is a chance they could be together for training and overseas assignments. But, because of the military mission, some separation is to be expected.

Sometimes the requirements of the services are so unique that married couples can't be accommodated. And even though your opening question to another service member who's caught your fancy can't be, "What's your career field?" it's a definite consideration.

"It's easier to assign people together when they are in the same career field," said Hile. "There are some exotic specialties that are needed only in one place in the world."

Another consideration is rank. Vasquez said the higher in rank the military couple is, the more difficult it becomes to assign them together. "We also cannot assign one spouse as the supervisor of the other," he said.

Each service has basic eligibility requirements for couples who want to be assigned together. Some of those requirements are unique. Servicemen and women who are contemplating marriage should contact their personnel office as soon as possible to heighten their chances of being assigned together.

COMSEC Means Be Security Conscious

By Tom Joyce
American Forces Information Service

What Mrs. Brown hears from Sgt. Brown in a phone call from the base: "I'm going to be home late tonight because a whole squadron of F-15s is moving overseas on some kind of special mission."

Soviet intelligence-gathering operatives, of course, hear this conversation word for word, but what they glean from it — combined with what they already know — is much more valuable than appears on the surface.

Here's how a Soviet operative might translate that information to his superior: "There are 15 F-15s deploying to the Far East tomorrow. They are assigned to 'x' squadron, and I know the tail numbers."

Bottom line: Whether the movement was for training purposes, a normal deployment or in support of a contingency combat mission, the Soviets would have gained valuable intelligence.

Nations have been exploiting information gleaned from military communications since before World War I. And they have been effective. Many battles have been won or lost as a direct result of intercepted information. During the Viet Nam conflict, the Viet Cong and North Vietnamese monitored U.S. radio communications, and there is no question that our effectiveness was greatly reduced. Many targets simply "disappeared" as soon as a forward air controller reported their presence over the radio.



"Are you sure this line is secure, Smith?"

Nations hostile to the United States are spending millions of dollars and thousands of man-hours to gather information they can exploit to their advantage. Nearly all voice communications systems can be intercepted by anyone who has the resources to do so.

That's why communications security, or COMSEC, is so important. When unsecure communications travel by telephone or radio, you can be sure that the enemy will be monitoring them.

There are COMSEC measures that can be taken to reduce the amount of classified and sensitive information that gets passed along. The following suggestions are provided by the Air Force's Electronic Security Command, but apply to all military members:

☐ Don't try to "talk around" classified or sensitive information while using unsecure communications. If you have to discuss sensitive information, use secure communications.

☐ Make it a rule to never discuss any aspect of a classified activity on the phone. In many cases, these conversations drift from unclassified discussions to classified discussions.

☐ Discuss the subject face-to-face with the person if at all possible. This will definitely decrease the risk of intercept.

☐ If you have to use an unsecure telephone to speak with someone, don't use one where classified information is being discussed. The telephone can pick up background discussions.

☐ If possible, draft a message and send it through the communications center. This is a secure method, and the information you pass on will be well documented.

☐ Push the hold button after you hang up on a multi-line phone. A monitored phone can still transmit conversations if a line is engaged.

Communications security involves a lot of common sense. Just realizing that people hostile to the United States are listening to your conversations should dictate what you say over the telephone. Ask yourself this question: "If I were a member of the Soviet bloc, how happy would I be to have this information?"

Hospital Ship 'Repose' — The 'Angel of the Orient' Served in Three Wars

by C.A. Wolff, USN (ret)

"Angel of the Orient"—The USS *Repose* (AH-16) was commissioned in May of 1945. By August she embarked 700 patients at Pearl Harbor for transport to San Francisco. She then steamed to Shanghai, China where she operated as a base hospital. *Repose* remained in Asian waters until 1949 when she returned to San Francisco and was placed out of commission in 1950.

With the outbreak of the Korean Conflict in July 1950, there was a desperate need for hospital ships. The 721-bed floating hospital *Repose* was pressed once again into service, and served as a station hospital off Pusan in mid 1950. In June 1951 she steamed into Inchon Harbor and began receiving patients immediately. *Repose* remained in Korean waters with CAPT E.B. Coyl, MC, as senior

medical officer until she was decommissioned in San Francisco in December 1954.

Following 10 and a half years in the "Mothball Fleet", *Repose* was reactivated and headed for Vietnam with CAPT Paul R. Engle, MC, as senior medical officer. The Angel of the Orient began medical support off Chu Lai Vietnam, February 16, and operated mostly in the "I Corps"

area until March 1970. The medical staff treated more than 9,000 battle casualties and admitted over 24,000 patients before she was decommissioned for the final time in 1970.

Repose received nine Battle Stars for Korean service and nine Battle Stars for duty in Vietnam.

July 4, 1986

Etc.

Patient Contact Reps—A Vital Liaison

Patient Contact Representatives (PCR's) can be described as "persons who serve as a liaison between patients and the hospital." They also represent the hospital by interpreting the hospital's policies and procedures as well as by explaining services to patients and their families. The PCR's provide a specific channel through which patients can seek solutions to problems, concerns and unmet needs. PCR's are available in every department and clinic of the hospital and Branch Medical Clinics. They can be identified by a yellow badge and an inscription as shown below.

By acting on behalf of the hospital, they can coordinate among departments and/or recommend options for care in order to improve services to patients. An important aspect of their role is to share knowledge with patients about the military health care system and alternative sources for medical care so that they are informed of the availability of services and ways to best obtain them.

Patient complaints/concerns can uncover system disfunctions and obstacles to good patient services.

This can contribute to substantive and positive changes in a department. The intent of the patient contact program is to humanize the hospital experience for patients by assisting them in understanding what is happening to them, thus helping them to feel more at ease. This usually results in greater compliance with hospital routines and treatment regimes. Establishing and maintaining good relationships with patients and meeting the emotional needs associated with their medical problems may actually serve to avoid or reduce risks.

Every staff member inherently represents our hospital and the Commanding Officer. The responses we give to patients make a negative or positive impression of our facility/department. Likewise patients are expected to extend similar courtesies to health care providers in order to enhance patient/provider relationships and maximize coordination of health care services. By working together we can achieve the goal of quality medical care for all eligible beneficiaries.

We can and DO make a difference!

California Sea Otters Make a Comeback

by C.A. Wolff

The Pacific Sea Otter, that little furry clown, was once found in huge numbers all along the Pacific coastline, but hunting pressure from Russian and American fur hunters in the 18th and 19th centuries nearly drove the species to extinction.

In 1938, the number of sea otters was down to an unofficial estimate of under 300 animals; their range was only a 35-mile stretch of shoreline in the Big Sur area.

From this narrow escape, the sea otter has slowly regained a tenuous foothold along the Central California coast (pushing as far south as Pismo Beach and as far north as Santa Cruz). This expanding, year around population now has a range of roughly 10 times its 1938 area, and is now estimated at 1,300 adults.

Why are these furry little mammals (which may grow up to a length of 6 feet and a weight of 50 pounds) so important? Because, wherever sea otters flourish, kelp forests flourish. Why is this important? Because the annual California kelp harvest has a commercial value in excess of \$20 million.

An adult sea otter may eat up to one quarter of its own body weight each day, mostly in sea urchins. Sea urchins are the most destructive consumers of kelp. (That the sea otters do pull an occasional abalone just now-and-then that using a natural

pest controller isn't a free lunch either!)

Sea otters are loved by children and adults alike for their playful antics and cute feeding habits. Sea otters are often seen just floating along on their backs taking their ease. Other times, after catching a sea urchin, they can be seen floating along banging the urchin on golf-ball-size rocks which are precariously balanced on their chests. The otters use their stomachs as a work table and a dining table. When the meal is finished, they roll over and fastidiously clean off their dining area and then go after more sea urchins.

The otters, though staging a comeback, remain surprisingly vulnerable. Many otters drown in fishing nets and otters straying away from their protective kelp forests are easy prey for passing sharks and killer whales.

Sea otters are protected from hunting by the Fish and Game Commission but there is no protection from oil spills. When a sea otter's pelt is covered with oil, he dies very quickly of hypothermia.

Whether you are a member of the growing group of people who have watched sea otters play about their daily business or are one of the many people who adore ice cream (yes, ice cream...one of the derivatives of the kelp harvest is used for making ice cream) almost anyone would have to agree that the spunky little sea otter is well worth protecting.

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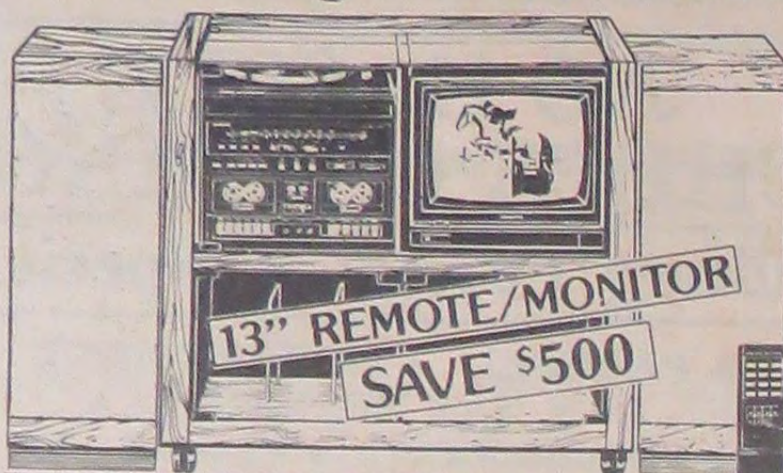
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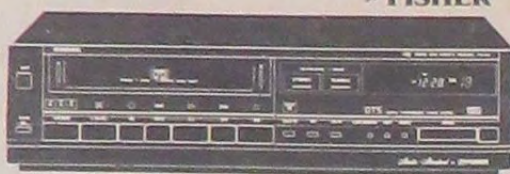
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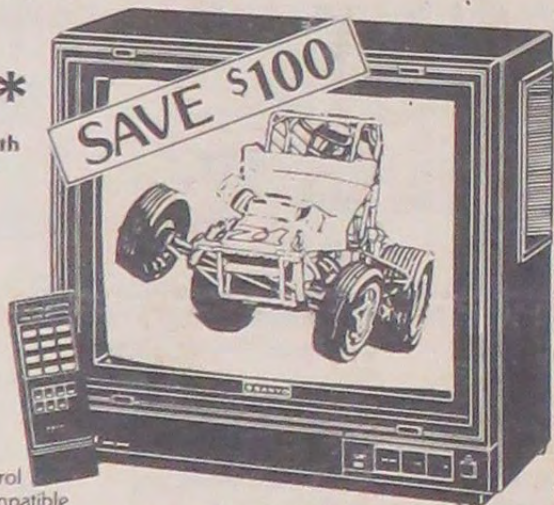
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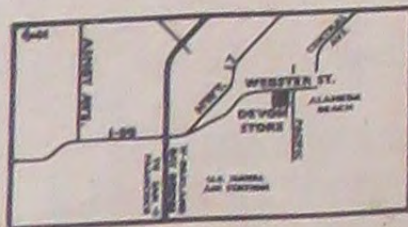
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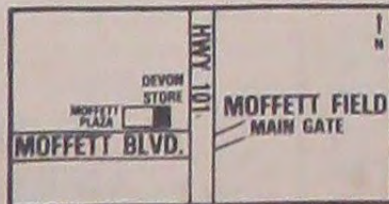
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Page 1

New COs For Two Medical Facilities

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Page 6

CHAMPUS to share home health care costs

NAVHOSP Oakland Changes Command

Captain Richard W. Poley is the interim Commanding Officer of the Naval Hospital, Oakland. He relieved CAPT Joseph Smyth June 30.

CAPT Poley completed his undergraduate education at the University of Notre Dame in 1953. He earned his Doctor of Medicine degree from Loyola University, Chicago in 1957 and then served his internship at Los Angeles County Hospital.

He was commissioned a Lieutenant in the Naval Reserve in 1958. After two years as Medical Officer for Destroyer Squadron One, and aboard USS Oglethorpe, Dr. Poley began a residency in Anatomic and Clinical Pathology at the National Naval Medical Center, Bethesda, MD. He finished his training in 1964 and was certified by the American Board of Pathology.

As a pathologist, he served at Naval Hospital, Jacksonville, FL, from 1964 to 1966. Subsequent tours of duty aboard USS Sanctuary, and the Naval Hospital, Yokosuka, Japan, followed. He joined the laboratory staff of the Naval Hospital, Oakland in late 1969, and became Department Chairman and



CAPT Richard C. Poley, Interim Commanding Officer, NAVHOSP Oakland.

Graduate Training Program Director in 1976, serving in this capacity for nine years. He assumed duties as Director of Ancillary Services in June 1985.

CAPT Poley is licensed to practice medicine in the states of Florida and

California. He is a member of the American Society of Clinical Pathologists and many other professional societies. He holds an appointment as Assistant Clinical Professor of Health and Medical Science, please see page 3

New CO for NAVHOSP Whidbey Island

The new Commanding Officer of the Naval Hospital, Whidbey Island is Captain William J. McDaniel.

CAPT McDaniel, a native of Oklahoma, attended college on a full wrestling scholarship. He received a B.S. in Physiology in 1964 from Oklahoma State University. He attended the University of Oklahoma School of Medicine from 1964 to 1968 and completed his internship at St. Francis Hospital, Tulsa, Oklahoma in 1969.

After receiving his commission in the Medical Corps on 29 Dec. 1969, he attended flight surgeon training at the Naval Aerospace Medical Institute in Pensacola. Subsequent duty assignments include: Flight Surgeon, MCAS El Toro, CA; Flight

Surgeon MCAS, Futenma, Okinawa, and aboard USS Tripoli (LPH-10) in Vietnam; Flight Surgeon, NAS Whidbey Island; Orthopedic Surgery Resident, Naval Hospital, Oakland; Chief, Department of Orthopedics, Naval Hospital, Rota, Spain; Acting Commanding Officer and Director of Clinical Services, Naval Hospital, Rota; Department of Orthopedics, U.S. Naval Academy; National War College, Fort Leslie J. McNair, Washington, D.C.; and Seventh Fleet Surgeon on Command, Seventh Fleet, Staff, USS Blue Ridge, Yokosuka, Japan.

Other activities include Naval Wrestling Champion, 1973-1977; Interservice Wrestling Champion, 1975-1976; and World Silver

Medalist in CISM Games, Rome, 1974. CAPT McDaniel has been the National Team Physician for Track and Field World Championship, Rio de Janeiro, 1976; World Championship Basketball in Teheran, Iran in 1977; World University Games, Bucharest, Romania, 1981; and the U.S. Boxing Team, LaPaz, Bolivia, 1982 and 1983. In 1984 he was a U.S. Olympic Team physician for the Olympics in Los Angeles.

CAPT McDaniel's awards include the Joint Services Commendation Medal.

He and his wife, Shirley, have three daughters, Valerie, Natalie and Tara. Welcome aboard CAPT McDaniel.

NAVHOSP Oakland Mobile Surgical Team Heads for WESTPAC

Surgical Team Nine (ST9), one of the Mobile Medical Augmentation Teams (MMART) sponsored by Naval Hospital Oakland (NHO), departed June 17 for a WestPac deployment. ST9 is a highly specialized team composed of 19 members (six officers, 13 enlisted) who are capable of staffing the surgical, ancillary and administrative requirements of an operating room aboard an amphibious ship for a sustained period. Under emergency conditions, the team can expand its capability to handle two operating rooms for 24 hours or less.

This team deployment fully demonstrates NHO's continued commitment to its primary mission in supporting the operations forces. This year, the Mobilization Planning Office initiated a training program for all MMART members to be trained to respond to shipboard emergencies. In addition to the team's exposure to FMSS Training, Surgical Block Maintenance, 782 Gear Orientation and applicable life support classes, the team underwent intensive practical training in Damage Control, Chemical, Biological and Radiological Warfare and Shipboard Firefighting at Naval Technical Training Center, Treasure Island. Consequently, this ST9 is considered as the first NHO MMART to deploy with its members fully capable to meet the team mission, as well as provide assistance to the ship's company during emergencies.

During the deployment, the team will be participating in several exercises with elements of the Seventh Fleet and other allied naval forces. R & R visits to exotic ports have also been scheduled to minimize the difficulties involving family separations and stressful shipboard activities.

The following personnel from NOBC (NEC) are deployed with ST9:

please see page 3

Op/Ed

"Legal Liability of Nurses" Seminar

The Naval Medical Command, Northwest Region and Rushmore National Health Systems, Inc., are sponsoring a Nursing Education Program "Legal Liability of Nurses; What you need to know and why."

This eight-hour seminar will be August 6 and 7 at the NAVMED-COM NWREG Oakland Officers' Club beginning at 8 a.m.

This one-day program has been specifically developed for, and is directed toward nursing supervisors, nurse managers, interservice instructors, and staff nurses in health care institutions.

The Naval Medical Command, Northwest Region and Rushmore National Health System are pleased to present a special conference for nurses dealing with specific issues surrounding their exposure to legal liability in practicing their profession, and how they can effectively deal with these issues.

"Here is a program designed to give practical, 'hands on' information that can be carried back to your institutions, and used as you care for patients day-to-day," says CDR Suzanne Moser, NC, one of the seminar coordinators.

Upon completion of the seminar, nurses will be able to: identify basic legal responsibilities in the practice of nursing; list types of nursing negligence; specify ways to avoid being sued as a medical professional; identify risks in nursing that may produce legal proceedings; specify appropriate behaviors to be an effective witness in a trial; identify good and poor charting techniques; and indicate trends or new issues of liability confronting nurses in the future.

The program has been designed to meet the requirements for continuing education established by the California Board of Registered Nursing. The content will relate to indirect patient/clinic care for legal aspects of nursing. Rushmore National Health System is a provider approved by the California Board of Registered Nursing, Provider Number 06535 for eight contact hours for this seminar. A certificate of achievement will be given to each participant who satisfactorily completes this seminar.

For more information and registration, contact CDR Moser or LCDR Gerald Noss, NC, TODAY at (415) 633-6200, or autovon 855-6200.

Child Care—Know Your Responsibilities

By Liz Pratt, Child Development Specialist, Family Services

Caring for children is a great responsibility. Child care providers are required to ensure children have adequate shelter, nourishment and clothing. A child is often with a care provider for a large part of their waking hours, which means they are learning and developing most during the time they spend with that sitter. In addition to supplying the basics, a provider must encourage a child to grow and mature in all developmental areas.

The provider has a lot of responsibilities, almost as many as being a parent! What about the parents' responsibilities to the provider? After all, it is their child!

Parents take on the responsibility of raising children when they make the decision to have a family. When a parent chooses to have a sitter, they must treat the relationship with respect and good intent like they would any other employer-employee situation. Care providers should not replace parents, but enable the parent to work outside the home and have the knowledge that the child is in a healthy environment.

The parent is responsible for informing the sitter how long she/he will be needed as well as particulars about the child. It is common courtesy to predetermine work schedules for care providers like you would for your own appointments. It is helpful for sitters to know about a

child's sleep patterns, such as naps. This helps to keep the child on a regular routine, which is important for maintaining a child's sense of stability. It is also necessary for a sitter to know medical precautions, such as if the child has allergies or if an injury has occurred lately.

Parents are responsible for payment of services immediately and should work out fee agreements with the sitter prior to employing them. Treating your sitter with respect and good intent will create a healthier atmosphere for your child.

The government requires employers of full time child care to withhold and file social security, state disability insurance (SDI), and other applicable taxes. In addition, some sort of insurance (like renters' insurance) is a good idea if you hire someone to provide child care in your home. To get the concrete answers to questions regarding the above contact the IRS at 1221 Broadway, Oakland for information on social security. Questions on SDI should be directed to State Department of Benefit Payments, 1111 Jackson Street, Room 2043, Oakland. Talk to your insurance agent or Workers' Compensation Office at 2955 Peralta Oaks Court, Oakland. Bananas at 6501 Telegraph, Oakland, has a pamphlet titled "Parent-Created Child Care-Shares" which details sitter arrangements (cost \$1) which can be sent for. It is a good idea to get the facts.

CNO's Voluntary Tour Extension Program

The Chief of Naval Operations has announced the FY-87 Voluntary Tour Extension Program. This program, in previous years, resulted in efficient PCS move plan reductions. Based on the success of previous years, the Navy is offering a similar program for FY-87. Early announcement is made to provide members and commands the opportunity to plan in advance. The goal remains the efficient use of PCS funds through a voluntary extension program.

Who is eligible?

Voluntary extensions for personnel with PRDs in FY-87 are sought. Enlisted members on type duty 2, 3,

4, 5 and 6 with PRDs between Oct. 1, 1986 and Sept. 30, 1987 are eligible, if not already under orders. Members who desire to extend their tours for one year should submit speedletter requests for voluntary extensions with command endorsement to CNMPC (NMPC-461E), Info EP-MAC, not later than Jan. 30, 1987, citing NAVOP 067/86. Requests should be submitted as early as possible prior to PRD to maximize detailing flexibility. Extension requests are not sought, and will not be approved for Type 1 duty due to fleet readiness requirements.

Non-designated SN/AN/FN personnel submit a speedletter request with command endorsement to EP-MAC, info CNMPC (NMPC-461E). Enlisted members on Type 3 and 4 duty whose requests are approved, and who meet requirements of the Enlisted Transfer Manual, will be eligible for the incentives associated with overseas voluntary tour extension incentives program. If approved, members must have, or incur, obligated service for the duration of the extension.

Officers desiring to extend FY-87 PRDs should submit requests for extension with command endorsement to CNMPC no later than Jan. 30, 1987 citing NAVOP 067/86.

Individual desires, as well as command readiness and fleet balance, will be primary factors in final decisions. No personal plans should be made until official notification is received.

Legal Staff Honored by RADM Crews

The Naval Medical Command, Northwest Region legal staff members, LCDR William Lueker and LN2 D.M. Johnston-Williams, were presented letters of Commendation from RADM Q.E. Crews, Commander.

RADM Crews extended a "Well Done" to his legal staff citing a Naval Military Personnel Command message which said, "The case presented is thorough, complete and correct; the best received from any medical command."

Operating Room Technicians Graduate

The following personnel are nearing the completion of their training and will be graduating from Operating Room Technician School July 31.

Listed are the graduates of Class 86002 and their next duty stations.

HM3 K. Towles
USS Puget Sound, Norfolk, VA

HN R. Cochrane
Branch Clinic, 29 Palms, CA
HN T. Pierce
Branch Clinic, 29 Palms, CA
HN R. Purcell
Naval Hospital, San Diego, CA
HA M. Bechthold
Naval Hospital, Guam

VFW Honors Adak Hospital Corpsmen

The Veterans of Foreign Wars, Captain Pat Kelly Post 5562 of Adak, held "Loyalty Day" activities and honored two hospital corpsmen:

HM1 Bob Lusk, Branch Hospital, was awarded a Certificate of Commendation "In special recognition of exemplary service to humanity by administering emergency medical service."

HM2 Renee Aguilar, VP-48 Medical Department, was awarded a Certificate of Commendation "In

special recognition of exemplary service to humanity by administering emergency medical assistance above and beyond normal duties."

Adak Corpsmen Promoted

Congratulations to the following personnel on their advancement to Petty Officer Third Class: HM3 Kenneth Crouch; HM3 Kimberly Keenan.

Nor'wester

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Commander... RADM Q.E. Crews
Chief of Staff... CAPT T.F. Levandowski
Public Affairs Officer... H.G. Thomas

Local Reporters

Branch Hospital Adak
HMCM(SS) J.M. Rolfson,
AV: 317-692-4178
Naval Hospital Oakland
LT Craig G. Carr,
(415) 633-5844, AV: 855-5844
Branch Clinic Stockton
HMCS G.W. Chraska,
AV: 466-7445/6
Branch Clinic Alameda
HM3 Richard Demerest,
(415) 869-4314

News

Arthritis and Its Treatments—Aspirin Still Works Best

By Evelyn D. Harris
American Forces Information Service

Arthritis is America's number one crippling disease. It affects more than 36 million Americans, 250,000 of them children.

There are many kinds of arthritis — in fact, the Arthritis Foundation counts more than 100. "Actually, arthritis just means joint inflammation," said Dr. Fred Finkelman, a professor at the Uniformed Services University of the Health Sciences and director of the Division of Rheumatology.

The most common kind of arthritis in the military population, said Finkelman, is rheumatoid arthritis. Rheumatoid arthritis usually strikes in mid-life, but it can and does strike people in their 20s. It's a systemic disease, meaning it affects not only the joints but the whole body, including the eyes and lungs.

Besides rheumatoid arthritis, there are several other kinds of arthritis that affect people in the military population. These include Reiter's Syndrome, ankylosing spondylitis (which affects the spine) and reactive arthritis — arthritis that occurs as a complication of another infection, often stomach infections, such as shigellosis (a kind of dysentery).

Osteoarthritis, or degenerative bone disease, which affects mainly older people, is the most common type of arthritis in the general population. In fact, the Arthritis Foundation estimates that most people over the age of 60 have it to some degree.

"Infectious arthritis is also fairly common in our population," said Finkelman. The most common infectious arthritis is gonococcal, which, fortunately, responds well to penicillin.

"Arthritis is a sexist disease," said Finkelman. Three-fourths of all rheumatoid arthritis victims are women, while Reiter's Syndrome, the symptoms of which include urethritis and conjunctivitis, strikes mostly men.

Most rheumatoid arthritis can be treated with aspirin, but more severe forms may require treatments such as gold salts, penicillamine, anti-malarial and anti-cancer drugs. Because of the nature of arthritis, symptoms periodically disappear without treatment. Thus, sometimes a patient will improve shortly after beginning a treatment. The doctor often doesn't know whether it was the treatment or just luck. This is part of what makes arthritis research so difficult.

The Arthritis Foundation estimates the nationwide economic costs of arthritis at \$13 billion — for medical costs, lost wages and lost homemaker services. Although the cost to the military has not

been quantified, "it's not insignificant either," said Finkelman. "We do have medical discharges for arthritis, and many patients require six months of light duty plus appropriate medical treatment."

Scientists currently don't know the causes for the many different types of arthritis, but have found that some are genetically linked.

"There's nothing you can do to prevent arthritis, but on the other hand, there's not much you can do to bring it on," said Finkelman.

"There's no evidence that runners are more likely to get arthritis. In fact, strong muscles protect joints."

As for diet, he commented, "Arthritis, with the possible exception of cancer, is beset by more quackery — some of it well-intentioned — than any other disease. There is no anti-arthritis diet. Even gout, the one arthritis that is strongly affected by food, responds better to drugs than to diet. A diet that could control gout without drugs would be so tasteless that few could follow it."

Although there are no magic foods for arthritis, being overweight puts more pressure on the joints, so overweight persons with arthritis have one more reason to lose weight.

Asked if it's important that military people know the warning signs of arthritis — such as obvious redness and warmth in a joint and inability to move a joint properly — Finkelman said, "It's not necessary. Failure to get treatment for arthritis usually occurs only in impoverished populations with little access to medical care. Military people are going to see a doctor if their symptoms are hindering their ability to work and enjoy life."

Because of publicity surrounding the rare but deadly disease called "Reye syndrome," which can strike children under 16 who have taken aspirin when they had chicken pox or flu, aspirin may have gotten an undeserved bad name.

Although it's important to heed the warnings concerning aspirin and children, doctors still recommend starting with aspirin for arthritis. "Arthritis" means joint inflammation, and aspirin relieves inflammation. Acetaminophen (brand names Tylenol, Datril, Tempra) is effective in relieving pain and reducing fever, but has no effect at all on inflammation.

Although aspirin will reduce inflammation associated with arthritis, it can't cure the crippling disease. People with arthritis should not attempt to self-treat with aspirin. The correct dosage for each individual must be determined by a doctor.

Other things to be aware of before taking aspirin include:

□ Aspirin is an acid, and the large doses of aspirin required for

effective treatment of arthritis — as many as 18 to 20 tablets a day — may cause stomach irritation and gastrointestinal bleeding. Taking the drug with water or using a buffered product may help prevent this distress. At its worst, the acid nature of aspirin can cause ulcers in people who are prone to this distress. If the ulcer is bleeding, aspirin can make matters worse. So people with ulcers should not take plain aspirin.

□ Ringing in the ears, temporary hearing loss and interference with blood clotting are also common side effects of heavy aspirin use.

□ Pregnant women should consult a doctor before taking any drug, including aspirin. Taken during the last three months of pregnancy, aspirin may increase pregnancy length, prolong labor or

cause other problems during delivery.

□ Avoid aspirin before any kind of surgery, unless directed otherwise by a doctor. Taken before surgery, aspirin can prolong bleeding.

□ Persons taking high doses of aspirin, such as those prescribed for arthritis, should avoid alcohol.

□ Diabetics should be aware that false results may occur in a urine sugar test if they are taking aspirin on a regular basis.

Fortunately, there are other safe, anti-inflammatory drugs that may provide relief for individuals who cannot tolerate aspirin. These drugs, all of which are available only by prescription (except ibuprofen), generally have fewer side effects and are more convenient, since a patient needs to take fewer tablets per day.

Surgical Team continued from page 1

CDR Bostrom (team leader); CDR Lonon; LT Abenstein; LT Esposito; LTJG Knievel; LTJG Dack; HMCS Mahoney (senior enlisted); HM1 Cobin; HM1 Legaspi; HM2 Rasmussen; HM3 Coones; HM3 Franson; HM3 Forman; HM3 Nalesnik; HM Treadway; HN Battaglia; HN Howell; and HN Nielen.

Upon the team's return in October, it is projected that some members will be replaced due to PRD or normal team rotation. Male staff personnel interested in experiencing

the challenges of a WestPac cruise may contact the MMART Coordinator on ext. 6063/4 and inquire about processing for future placement in an MMART.

On a personal note, congratulations are in order for team member LT and Mrs. Abenstein and HN and Mrs. Nielson who became parents to baby girls on June 18 and 23 respectively.

Congratulations also to LT Abenstein who was recently selected for promotion to LCDR.

Adak Medical Officer Awarded Medal

Commander Baird D. Oldfield, MC, of Branch Hospital Adak, was recently presented the Navy Commendation Medal for duties performed while attached to Naval Hospital, Charleston, S.C.

The commendation, signed by ADM James Watkins, CNO, said in part, "For meritorious service while serving as a resident in Family Practice and then as Staff Physician...CDR Oldfield performed his duties in an exemplary and highly professional manner, displaying exceptional medical knowledge and outstanding leadership capabilities. As a resident, CDR Oldfield was selected for and served as chief resident, a duty which he discharged in a highly professional manner. Following this, he served as the Senior Medical Officer at the Mendal Rivers Naval Weapons Station Family Practice Clinic. Here he oversaw the

renovation of the entire clinic and increased the number of families that each physician cared for. Following nine months as Head, Emergency Medicine Service, CDR Oldfield served as Residency Education Director for the Family Practice Department. In this capacity, he was directly responsible for the training of all Family Practice residents both as physicians and as Naval Officers, a job which he performed in an outstanding fashion. As coordinator for the lecture series, he was able to obtain more than one hundred hours per year Continuing Medical Education Credit for participating staff physicians. CDR Oldfield's exceptional leadership ability, initiative, and complete dedication to duty reflected credit upon himself and were in keeping with the highest traditions of the United States Naval Service."

New CO continued from page 1

University of California, Berkeley. CAPT Poley wears the Navy Unit Commendation, Meritorious Unit Commendation, Vietnam Service Medal, National Defense Service Medal and Republic of Vietnam Campaign Medal.

CAPT Poley is scheduled to be relieved by CAPT Alice Martins on August 1. Following the Change of Command, CAPT Poley will return to his duties as Director of Ancillary Services.

Calendar

The Calendar is provided for input of events and activities by all medical/dental facilities in the Northwest Region. Eligible for inclusion are official, command-sponsored events and activities sponsored by such groups as enlisted and officers' wives organizations, Recreation Services, Red Cross.

July 18

• Navy Band San Francisco to perform for Boy Scout Law Enforcement Conference in Seattle, Washington.

20-23

• National Urban League Conference at the Moscone Center, San Francisco, Calif.

31

• Change of command, Naval Hospital, Lemoore.

• Naval Security Group Activity, Skaggs Island, change of command. CAPT Howard C. Ehret will relieve CAPT John H. Gates.

August 1

• Change of command, Naval Hospital, Oakland.

2-6

• USS O'Callahan San Francisco port visit.

Navy League, Navy Relief, USO, etc. Submit input to your local Nor'wester reporter (a partial list of Nor'wester reporters and their phone numbers is on page 2. A complete list will be printed in a later issue.)

8

• Medical Service Corps Ball, Naval Medical Command, NWREG O' Club.

10

• Naval Communication Station, Stockton change of command.

12

• Military Sealift Command Pacific change of command.

15

• Naval Air Rework Facility, Alameda change of command.

15-17

• NAS Moffett Field Air Show.

22

• Naval Public Works Center, San Francisco Bay change of command.

27

• Naval Supply Center, Oakland change of command.

At The Movies

6:30 p.m., Clinical Assembly
Naval Hospital, Oakland
JULY

- 18—The Best of Times (PG-13)
- 19—The Delta Force (R)
- 20—The Delta Force (R)
- 22—The Long Shot (PG-13)
- 23—The Long Shot (PG-13)
- 24—The Hitcher (R)
- 25—The Hitcher (R)
- 26—Jagged Edge (R)
- 27—Jagged Edge (R)
- 29—The Trip to Bountiful (PG)
- 30—The Trip to Bountiful (PG)
- 31—House (R)

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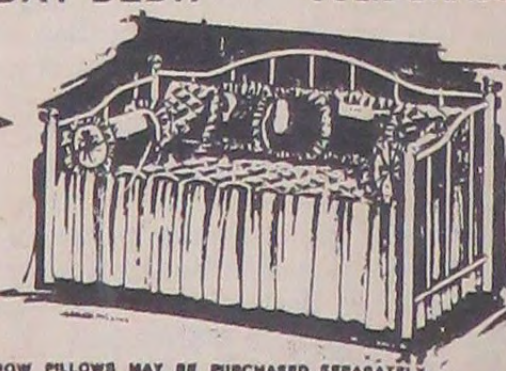
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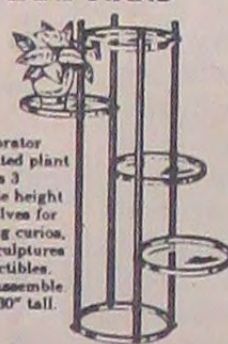


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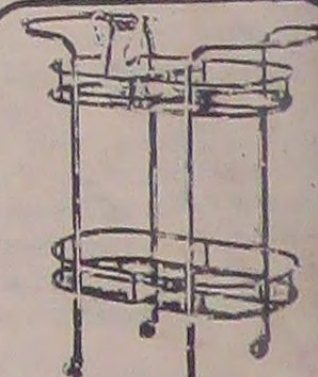


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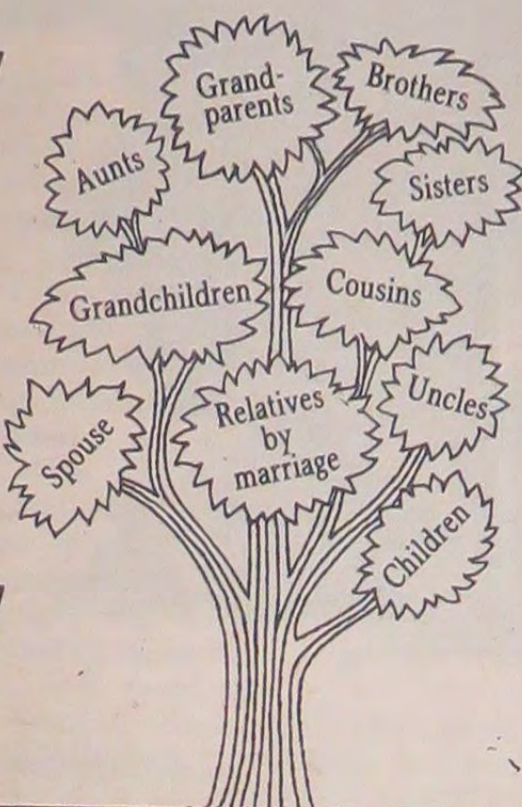
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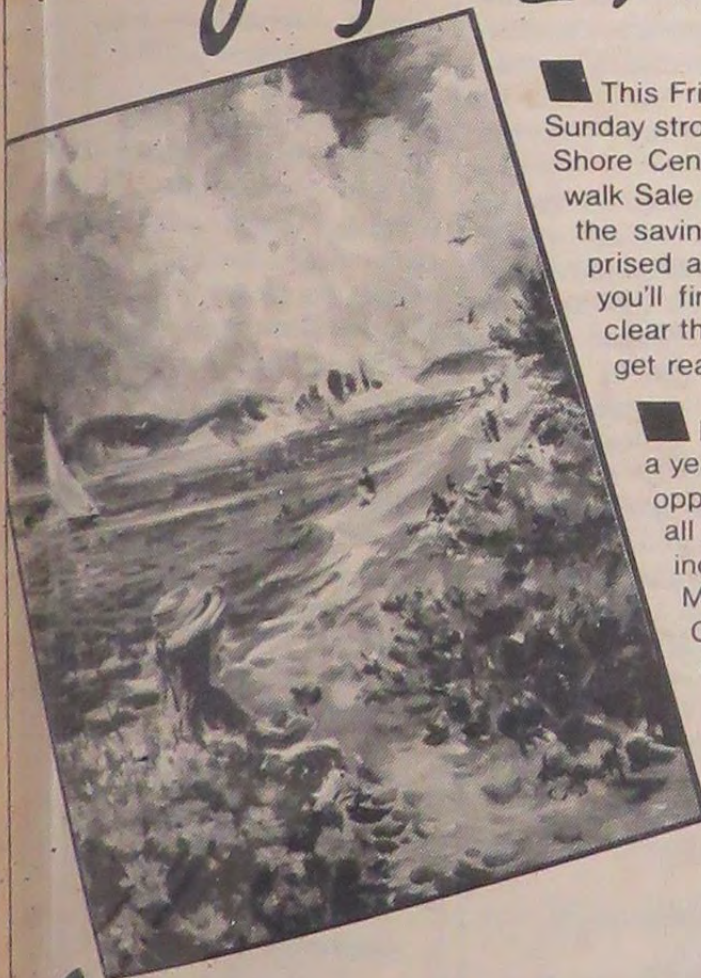


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Summer Sidewalk Sale

July 18-20, 1986



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Etc.

Protecting Your Teeth And Gums

By Lt. Jeffrey A. Hirsch, DC, USNR
Branch Dental Clinic, Seattle WA

Is it normal for your gums to bleed when you brush your teeth? The answer is, no! However, millions of Americans experience bleeding gums as part of their daily toothbrushing routine. Bleeding gums are often the first sign of gum disease or what your dentist calls "periodontal disease."

Statistics show that 50 percent of all adults in America are missing at least half of their teeth, and in older adults who have teeth, about 65 percent are afflicted with periodontal disease. It is more common for teeth to be lost due to "gum problems" rather than tooth decay.

Might you belong to the "gum problem" club? Only your dentist can tell you for sure. However, bleeding during brushing usually indicates unhealthy, inflamed gums. Dentists today know that both periodontal disease and tooth decay are caused by bacterial plaque. In some people, these naturally-occurring bacteria are very destructive and cause problems.

Left uncorrected, periodontal disease progresses slowly and destructively. The sequence goes something like this: bacterial colonies grow and release by-products which cause inflammation and weakening of the gum line. Pockets may form in the soft tissue below the gum line leading to a breakdown in the attachment of the gum to the tooth. As the pockets deepen, the gums may recede, inflammation increases, and underlying bone is resorbed. In its severest form, the bone loss is so great that the teeth lose their natural support, loosen tremendously, and often require removal.

An interesting fact about periodontal disease is that there is usually no pain associated with this destructive process. Also, the fact that "your gums don't bleed" while brushing is not a true indicator of lack of disease. For these reasons, it is important for everyone to have regular periodic dental examinations to check their oral health.

Like tooth decay, periodontal disease can be treated to prevent it from progressing to severe destruction. The treatment of "perio" problems involves removing the cause of the disease, the bacterial plaque. Through meticulous oral hygiene, including effective flossing and brushing, and professional periodontal tooth cleanings, most patients' disease progression can be halted.

In today's society, the informed patient takes care of both his teeth and his gums, and the myth of "great checkup," meaning no cavities, becomes secondary to a totally healthy mouth.



Ready...Aim...Salute!

NAS Alameda Hospital Corps personnel manned and fired a 21-gun salute July 4 in honor of Independence Day. The corpswomen are assigned to Naval Hospital Oakland Branch Clinic Alameda. From left to right are: HN Wendy L. Marchant; HM3 Mary A. Kunder; HM2 Christina M. Knight; HM3 Diane M. Carns; HM3 Christine L. Wilson, of the Disease and Vector Control Center, Alameda; and HM1 Brenda L. Steel.

CHAMPUS May Share Home Care Cost

As of July 1, CHAMPUS may share the cost of home health care for active duty families in the U.S., as part of a two-year test program to see if such care will be less expensive than inpatient hospital care.

Benefits of the test program will include payment for authorized homemakers and home health aides.

The home health care will have to be authorized in advance by CHAMPUS headquarters. Requests for approval of home health care that is already underway will be denied.

Home health care may be approved for active duty family members, including the dependents of deceased active duty service members.

Requests for the care will have to demonstrate that all medically necessary services and supplies required by the CHAMPUS-eligible patient can be provided less expensively at home than in a hospital setting. The care will only be cost-shared by CHAMPUS for the time the patient would have stayed in the hospital. The patient must not be covered by other health insurance for services of a homemaker or home health aide. Home health will usually be approved for 30 days at a time.

CHAMPUS benefits are not available through this test program, or through the regular CHAMPUS program, for any patient whose condition is custodial. In general, a patient's condition is considered custodial when it is prolonged, when the patient requires help with the essentials of daily living in a controlled setting, and when the care being provided will not result in enough of

an improvement to allow the patient to function outside the controlled setting.

All home health care costs, except those that are more than the CHAMPUS-determined allowable charge for physician services, will be shared in full by CHAMPUS except for the current inpatient cost-share rate for active duty families. Presently, the rate is \$7.30 per day. This rate also applies to the survivors of deceased active duty service members.

All other services, such as speech therapy, skilled nursing care, homemaker services, etc., will be paid as billed, as long as the amount doesn't exceed that charged to the general public. The cost of durable medical equipment and repairs may be authorized when ordered by a physician as necessary for treatment in the home. When reviewing requests for equipment, CHAMPUS will consider economy (rental vs. purchase) first.

Requests for advance authorization of home health care should be sent to: OCHAMPUS Benefit Authorization Branch, Aurora, Colo 80045-6900.

Requests must include:

- Date of admission to the hospital;
- Date home health care will begin;
- Diagnosis and a history of the present illness;
- The patient's present condition;
- A detailed treatment plan;
- The patient's prognosis;
- Physician's estimate of how

long the patient would need to stay in the hospital if home health care were not available;

- Itemized cost of inpatient care per day, vs. the itemized cost of home health care per day. All drugs, therapists, supplies, equipment, needs, professional services and institutional charges must be included;

- A signed copy of the most current claim form, including itemized statement of charges;

- Names and addresses of all providers of care and alternates;

- The make and model number of equipment and accessories that need to be purchased; names and addresses of suppliers; also, the itemized cost (both rental cost and purchase price) of equipment and accessories that will be purchased or rented.

Persons who have questions about the home health care test program may call the Benefit Authorization Branch at CHAMPUS headquarters at (303) 361-8526 or 361-8527.

July City Safari to Exploratorium

July's City Safari, sponsored by the NAS Alameda Family Service Center, is designed with kids in mind. This month, "safari" to San Francisco's famous Exploratorium, a center with 500 scientific exhibits. This unique center invites children to explore the sciences through exhibits that require active participation. It's unique, exciting (and educational!).

Thursday, July 23, is the date set for City Safari. Kids should bring their parent(s) to the Family Service Center for a 9:30 a.m. departure. From there, you'll ride BART and the bus to your destination. (Children under 12 ride free, adults pay \$5.50. There is also an admission fee of \$4 for adults while children under 17 are admitted free. Be sure to pack a lunch so you can enjoy a picnic by the lagoon before returning to the Family Service Center at 3:30 p.m.)

City Safaris are held monthly to introduce new and not-so-new residents to BART and the local bus systems as well as to areas of interest in the Bay Area. Destinations change monthly.

To register for July's City Safari call 869-4111. Spaces are limited.

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Is the Super CAG a Super Idea?

"Carrier aviation is undergoing a major shift in its upper command structure." In the July issue of the Naval Institute's *Proceedings* magazine, Lieutenant Bret Alan Robertson, USN, comments on the new Super Carrier Air Group (CAG) saying, "The commanders of carrier air wings will be selected only from aviators in the attack and fighter communities...instead of diversifying our airborne leadership by tapping top fliers from all aviation communities, we are limiting the direction of our future carrier aircraft's operations...."

Robertson feels "To fully integrate and exploit weapons system developments, the Navy should build a team of leaders with varied backgrounds. Restricting the backgrounds of CAGs stifles possibilities for unique tactical insight and innovation." In addition, Robertson identifies a second major Super CAG problem: "The Super CAG will no longer report to the carrier's commanding officer, but directly to the battle group's admiral, thus dividing shipboard leadership and degrading the power of the carrier

captain to run his ship... The Super CAG plan fosters divided leadership, bloats the carrier air wing staff, and pushes decision making further up the chain of command.

Proceedings invites you to read "Is the Super CAG a Super Idea?" in the July issue of *Proceedings*. Your comments/rebuttals are also invited for publication in upcoming issues of *Proceedings*.

The United States Naval Institute, located in Annapolis, MD, is the professional society for the sea services, and is an independent, self-supporting, non-profit organization. The Naval Institute is not a part of the U.S. government.

USNI advances knowledge about the naval and maritime services through the publication of a monthly magazine, *Proceedings*, the annual *Naval Review*, and more than 280 books. In addition, the USNI has recently begun a series of seminars of interest to naval professionals and others in the wide audience of the Institute's membership, which includes more than 90,000 individuals from all walks of military and civilian life throughout the world.

12th Annual USO Dinner Dance

Mr. Donald E. Guinn, Chairman and Chief Executive Officer, Pacific Telesis, is named Honorary Dinner Chairman of the 12th Annual USO Awards Dinner Dance. The selection of Mr. Guinn was just announced by Tricia C. O'Neill, President, Bay Area USO, Inc. Previous Chairmen of this Bay Area event have included: the late Ben Swig, Fairmont Hotels; D.K. McNear, Southern Pacific Transportation Company; Benjamin Biaggini, Southern Pacific Company; Charles Lynch, Saga Corporation; Andrew Regalia, British Motor Car Distributors, LTD; Donald Doyle, Johnson & Higgins of California and Thomas Paton, Blue Shield of California.

This year's USO Dinner Dance will be held at the Fairmont Hotel, San Francisco, on Veterans Day, Tuesday, November 11. Funds raised from this event go to support USO operations throughout the Bay Area and overseas. Here in the Bay Area, there are four USO service centers serving more than 200,000 individuals annually: at the San Francisco and Oakland airports, downtown San Francisco and Travis Air Force Base. Additionally, the USO operates 28 permanent service centers in 11 foreign countries and 43 mobile fleet centers.

Hill Named Civilian of the Quarter

Mr. Glenn Hill of the Naval Hospital, Oakland Cardiology Division has been selected as that command's Civilian of the Quarter.

The letter recognizing Hill says in part, "For professional excellence in the performance of duties in the Cardiac Non-Invasive Laboratory..."

"Utilizing exceptional knowledge, experience and skill, Mr. Hill performed exercise tests, echocardiograms, phonocardiograms and Doppler flow studies on patients of all ages who were suspected of having heart disease...He performed the studies with the utmost care and professionalism, not satisfied until the study was the best that it could possibly be...He can always be counted on to give that extra effort,

whether it means working through the lunch hour, or staying late, or fitting in that extra study so that his patient wouldn't have to make another trip to the hospital. His expeditious treatment of active duty members has enabled countless patients to return to duty without delay."

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Nor'wester

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Change Command**

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the Heavies**

Page 6

**Florence Nightingale
Was Right—
Brush Your Teeth!**

Lemoore, Oakland Change Command

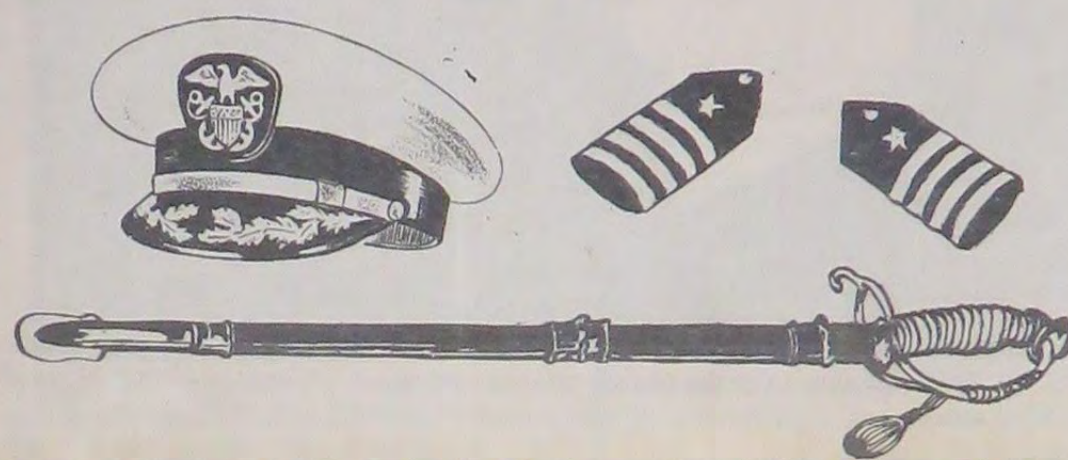
CAPT Martinson New Oakland NAVHOSP CO

Captain Alice M. Martinson relieves CAPT Richard Poley as Commanding Officer of the Naval Hospital, Oakland today.

A native of Philadelphia, PA, CAPT Martinson is a 1968 graduate of George Washington University where she earned her BA and MD Degrees.

Postgraduate training included internship at Naval Hospital, San Diego from 1967 to 1968; Orthopaedic residency, Naval Hospital, San Diego from 68 to 72; Fellowship in Children's Orthopaedics at the University of Southern California, 1973-74.

CAPT Martinson was commissioned in the Naval Reserve in 1965. Following a one-year tour of duty at the Naval Regional Medical Center, San Diego, as Staff Orthopaedic Surgeon, she reported to the Naval Regional Medical Center, Long Beach, as Chief, Orthopaedic Service. In 1978, CAPT Martinson reported to the Armed Forces Institute of Pathology as Clinical Consultant to



the Bone and Joint Branch. She served as Assistant Chief, Orthopaedics for resident training at the National Naval Medical Center, Bethesda, from 1980 to 1981 when she was transferred to the Naval Regional Medical Center, Great Lakes, where she served as Director of Clinical Services.

CAPT Martinson comes to the Naval Hospital, Oakland following an assignment as Commanding Officer, Naval Hospital, Pensacola. Prior to that assignment she was Commanding Officer, Naval Hospital, Philadelphia.

CAPT Martinson is a Diplomat of

the American Board of Orthopaedic Surgery, Member of the American Academy of Orthopaedic surgeons, Alpha Omega Alpha (Medical Honor Society) and World Federation of Hemophilia. Her special interest is reconstructive surgery in hemophilia. She has extensive consulting experience nationally and internationally.

Her military awards include the Legion of Merit, National Defense Service Medal, Humanitarian Service Medal, and the Meritorious Service Medal with gold star in lieu of a second award.

CAPT Brant assumes post as new Lemoore NAVHOSP CO

Captain Robert H. Brant relieved Captain Roger Case as Commanding Officer of the Naval Hospital, Lemoore during ceremonies yesterday.

CAPT Brant has a broad background that has taken him from the east coast of the United States, to the jungles of Vietnam. He is a native of Kingston, New York. He began his Navy career in 1959 as an enlisted man. He was commissioned an Ensign in 1966.

His initial tour of duty following commissioning was at the Naval Hospital, Memphis, TN, where he was assigned as the Patient Affairs Officer. CAPT Brant then attended the Naval School of Hospital Ad-

ministration and was subsequently assigned to the Naval Support Activity, DaNang, Vietnam. Following his Vietnam tour, CAPT Brant was assigned as head, Patient Relations Branch, Patient Affairs Division in the Bureau of Medicine and Surgery. From there he was ordered to the Naval Hospital, Jacksonville, FL, for duty as the Patient Affairs Officer.

CAPT Brant was then transferred to Recruiting Area Seven in Omaha, NE., and upon disestablishment of that command he moved to the Navy Recruiting District, Los Angeles as the Medical Programs Officer. Following his tour in recruiting he was ordered to the Bureau of Naval Personnel to man the Medical Corps

Liaison desk. From there he went back to the Bureau of Medicine and Surgery as the Medical Service Corps Assignment Officer. He returned to the Naval Military Personnel Command when the Medical Department Officer assignment responsibility was functionally transferred to that command.

CAPT Brant next served as Executive Officer of the Naval Medical Clinic, Hawaii. Following that tour he became the Executive Officer of the Naval Medical Clinic, Portsmouth, NH. Prior to reporting to the Naval Hospital, Lemoore, CAPT Brant served on the Staff of the Chief of Naval Operations as the Enlisted

please see page 6

Attix nominated for Civilian of Year

Mr. Gerald (Jerry) Attix, of the Naval Medical Command, Northwest Region Staff has been named as a finalist in the 1986 Federal Executive Board, Employee of the Year Awards.

Jerry is one of three finalists in the handicapped employee category. He is a senior Computer Specialist in the Systems Development Division of the Management Information Department.

During the past year Jerry has developed software macros in Lotus 1-2-3—a system for tracking the distribution of financial resources. This software system has been adapted for use throughout the Naval Medical Department.

RADM J. S. Cassells, Commander, Naval Medical Command, commended Attix saying, "Your performance has been outstanding while providing significant leadership, managerial, and organizational expertise. The system which you created will be used as a template in development of future expense limitation holder financial systems."

During his 19 years of Federal service, Attix has received numerous citations and recognition for his consistently outstanding work performance. Jerry is severely hearing impaired with a 95 percent loss of hearing. He lost his hearing at 13 months of age. He learned to lip read and with basic speech patterns acquired before the illness, he was able to speak. Thus, he relies upon his lip reading skills and speech abilities to communicate.

As senior Computer Specialist, Jerry is responsible for supervising other Computer Specialists, training other staff, performing system analysis tasks, and performing special programming/applications tasks as they are assigned.

Jerry's technical expertise and ability is recognized by all staff members, particularly co-workers. As he works closely with these in-

please see page 6

Op/Ed

RADM Crews Guest Speaker at Hospital Corps Birthday Ball

During the recent Navy Hospital Corps Birthday Ball, Rear Admiral Q. E. Crews spoke to the Corpsmen and guests about the heritage of the Navy Hospital Corps. Following is the text of that speech:

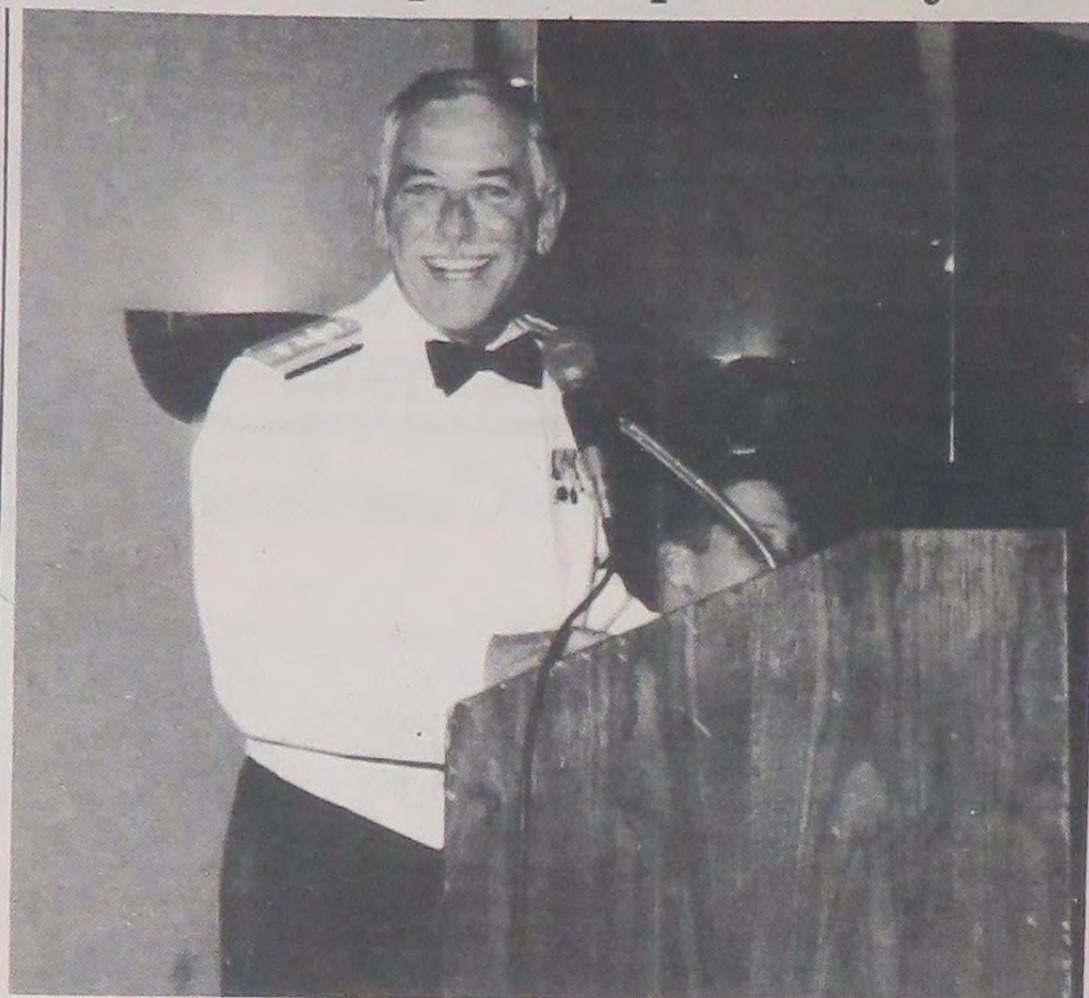
"June 17 marked the 88th anniversary of the Navy Hospital Corps. It has been 88 years of history written in blood and sweat. Valor, courage and dedication have become hallmarks of the United States Navy Hospital Corps.

I could stand here and speak for hours—sea story after sea story—about the heroic deeds of our Hospital Corpsmen in times of war, and in times of peace. I am not going to do that, however. We are all familiar with our Navy's history, and the role our medical department has played. We have a solid foundation set on long-standing traditions, experience, and if I may borrow from the Seabees, a "can do" spirit.

What we do today reflects our Navy heritage. No matter how adverse the conditions or work schedule, we never lose sight of our responsibility to our country, to our fellow service men and women—providing the best care we can humanly muster. That is our common bond—our common goal. Our vehicle for reaching that goal is the Navy organizational structure.

Many people, when they first enter the Navy, see our system as harsh and unbending. Those of you who have been around for a while—Second Class, First Class and Chief Petty Officers know the system fosters discipline. And, it is discipline that fortifies us, increases our productivity and survivability in the most adverse of conditions—combat.

Newcomers to the military view the chain of command as a mechanism used by "the brass" to pass orders down to the people who fire the engines, swab the decks and



RADM Q.E. Crews, Commander, Naval Medical Command, Northwest Region, addresses a gathering at the recent Naval Hospital Corps Birthday Ball.

roll the bandages. The Chain of Command is a pipeline for two-way communication. This is not empty rhetoric. If you have something on your mind, share it.

Using the chain of command provides an organized system for disseminating information in a fashion that gets the information to those who need it to resolve problems, execute solutions and make decisions.

The chain of command is a communications tool. You can use it to make your concerns known. Your ideas may bring positive results for everyone. You can use it to praise. If someone or something is working particularly well, share the information so we may all benefit from your thoughts.

We may be a big organization, but one person can make a difference. You can make a difference.

I know sometimes our jobs seem as impossible as trying to nail jello to a tree, but together we are getting the job done. In the Northwest Region we have a reputation for getting the job done extremely well. That's because we talk to each other.

Admiral James Watkins, our

former Chief of Naval Operations, has said, "Our Navy's heritage is our people, and their dedicated performance. Our heritage is superb leadership which can always be counted upon by our nation when times get tough, and world tensions develop into crises. And, as the seed grows and flowers, the harvest of the future will continue to be a Navy ready and capable—dedicated and professional—a Navy with consummate professionals and capable leaders. This is our legacy of performance. And, if we continue the fine traditions of performance set during our Navy's earliest watches, we will remain the world's finest."

Ladies and gentlemen of the Navy Hospital Corps, he is talking about you. You are the finest.

I would like to conclude with this observation. One of the many proud traditions of the Navy Hospital Corps is knowing how to "party". This gathering is a splendid example of that tradition.

By the way, —I was informed by a Corpsman that it is easy to nail jello to a tree. First, you freeze the jello.

Thank you and God bless you all."

12th Annual USO Dinner Dance

This year's USO Dinner Dance will be held at the Fairmont Hotel, San Francisco, on Veterans Day, Tuesday, November 11. Funds raised from this event go to support USO operations throughout the Bay Area and overseas. Here in the Bay Area, there are four USO service centers

serving more than 200,000 individuals annually: at the San Francisco and Oakland airports, downtown San Francisco and Travis Air Force Base. Additionally, the USO operates 28 permanent service centers in 11 foreign countries and 43 mobile fleet centers.

Bremerton personnel receive awards

The following is a summary of awards and recognition from Naval Hospital, Bremerton, for the period of June 16 through July 15:

June 2

Letter of Appreciation
HM1 Guylene A. Hinkle.

June 19

Meritorious Unit Commendation Award

HN Brian P. Fernandez.

June 20

Navy Achievement Medal
HM1 (SW) Donald H. Webster.

June 30

Letter of Appreciation
HN Michael D. Howard.

July 1

Letter of Commendation
HM2 Douglas S. Groenig.

July 8

Letters of Appreciation
HN John E. Baker
RP2 Donald P. Doyen.

July 11

Good Conduct Awards

HM3 Janet Davis

HM1 William Day (2nd)

HM2 Robert Sewell (2nd)

HM1 Roger Kleinendorst (4th)

National Registry of Emergency Medical Technicians Certificates

HN Keith Crook

HA Denise Farris

HN Brian Singleton

HN Todd Cunlisk

HN (SS) Douglas George

HM3 (SS) Dennis Wadsworth

Letters of Commendation

LT William Semans, DC, USN

LT Daniel Maher, MC, USNR

July 14

Letter of Appreciation
HA William C. Ewing

Civilian of Quarter

Frances Lee has been selected Naval Hospital Whidbey Island civilian employee of the quarter. She has been assigned to Fiscal-Material Management Department since September 1976 as a budget assistant. As such, she is responsible for monitoring the expenditures and allocations of the hospital operating budget which exceeds \$2.6 million annually.

Lee is the Uniform Chart of Accounts (UCA) Coordinator, responsible for accumulation and input of data concerning hospital workload and related expenses. She is considered to be the corporate memory for the department and has been instrumental in providing continuity and stability. She willingly assists her co-workers to meet deadlines, and is considered a role model for Civil Service employees.

Her hobbies include cooking, dancing and enjoying her many friends. She resides in Oak Harbor.

Nor'wester

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Naval Hospital Oakland

LT Craig G. Carr,

(415) 633-5844, AV: 855-5844

Branch Clinic Stockton

HMCS G.W. Chraska,

AV: 466-7445/6

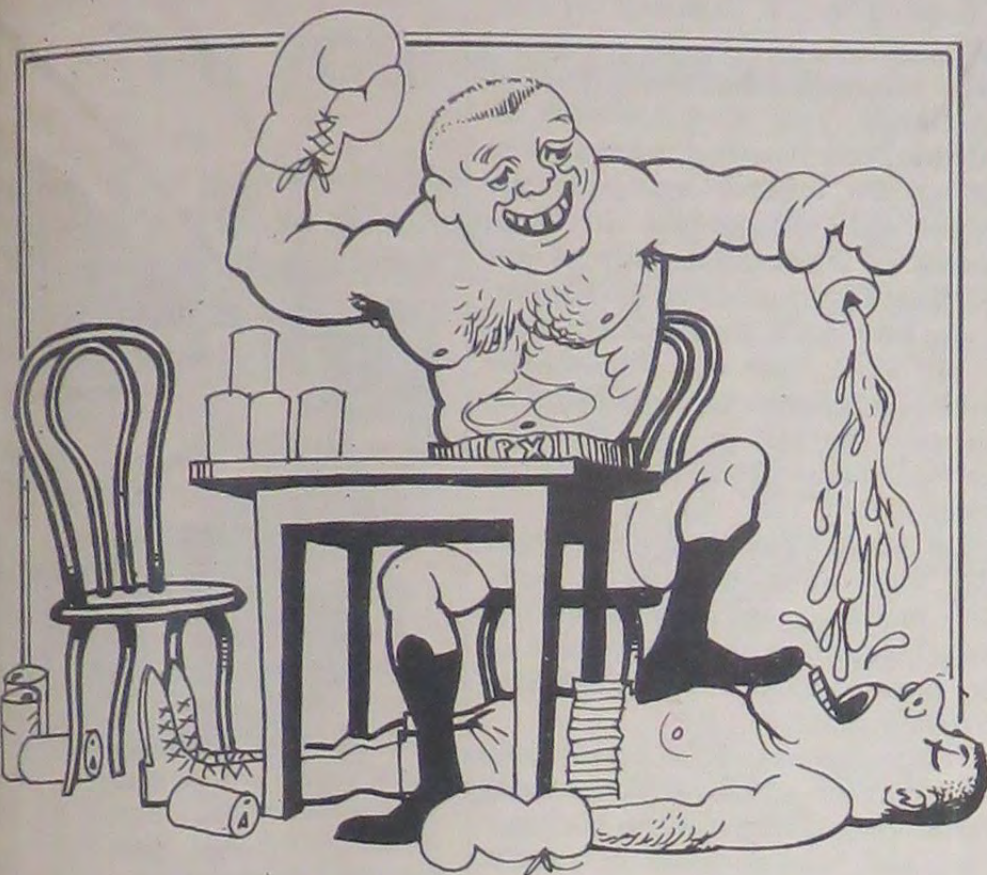
Branch Clinic Alameda

HM3 Richard Demerest,

(415) 869-4314

News

Alcohol Warning: It's Not a Game—Don't Try to Drink With the Heavies



By Tom Joyce
American Forces Information Service

Fraternity parties have gained a reputation in movies as places where college students party long into the night and drink heavily. The beer chugging sequence usually ends with the "loser" passing out, to the delight of those still standing.

Hollywood fantasies aside, intense peer pressure forces hundreds of young military men and women to turn drinking into a competitive sport — a sport far more dangerous than football or rugby.

Each year, hundreds of people in and out of the military die of acute alcohol poisoning. Drinking games like "chug-a-lug," where people consume large quantities of alcohol in a short period of time, are the main cause. But even drinking a large amount of alcohol over a long period of time can have the same results.

Peter Brock is a special consultant on alcohol and drug abuse to the assistant secretary of defense for health affairs. He reminds us that alcohol is a depressant that works on the central nervous system.

"Alcohol affects voluntary actions like walking, talking and balance," he pointed out. "But if there is enough alcohol entering the blood stream, eventually the involuntary actions — like breathing — are also depressed."

Someone who chug-a-lugs a fifth of alcohol will hopefully throw it up before passing out, said Brock. That is the body's built-in safeguard. But if someone guzzles a large quantity of alcohol and passes out, friends should not consider him out of danger.

"Even though the person has passed out, his blood alcohol level is still going up," cautioned Brock. "The alcohol continues to work on

the central nervous system and the drinker could experience respiratory failure and die."

Still, most everyone knows somebody whose exploits with alcohol are legendary. They're known to be able to hold their liquor and appear to have a "hollow leg." Just don't get into a drinking contest with them. It wouldn't be a fair fight.

People who can drink everyone else under the table have a very high tolerance for alcohol. But their tolerance, according to Brock, is acquired over time and is usually associated with experienced, heavy drinkers. Initial tolerance is often considered a warning sign of a predisposition to alcoholism.

"Everyone who drinks develops a tolerance for alcohol," said Brock. "An acute tolerance is a short-term adaption to the effects of one dose of alcohol. Simply put, it's a case of the body coming into equilibrium with the alcohol."

Chronic tolerance, on the other hand, is far more severe and represents the experienced drinker's ability to consume greater amounts of alcohol without a change in behavior, noted Brock.

"Beginning drinkers usually need only one or two beers to feel the effects of alcohol," said Brock. "If they begin to drink more heavily and more frequently, and depending on unique psychological and physical factors, they may need five or six beers to achieve the same effects."

That's why someone who is dependent on alcohol isn't playing fair in a drinking contest. "An alcoholic usually needs to have three or four drinks just to get to ground zero," pointed out Brock. "That means while you are drunk after your fourth beer, he's just beginning."

Several studies have concluded that peer pressure is the major factor in the decision by young people to drink, smoke or use drugs.

"Frequently the peer 'role models' have no more knowledge about the potential dangers of some drinking practices than the initiate," said Brock. He cautions those thinking

about engaging in drinking contests to remember that alcohol is a psycho-active drug with potentially toxic effects.

And, he said, remember that a high tolerance for alcohol is more of a danger sign than a social advantage or a trait to be envied.

Apartment Luxury IN THE OAKLAND HILLS...

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Calendar

The Calendar is provided for input of events and activities by all medical/dental facilities in the Northwest Region. Eligible for inclusion are official, command-sponsored events and activities sponsored by such groups as enlisted and officers' wives organizations, Recreation Services, Red Cross, Navy League, Navy Relief, USO, etc. Submit input to your local Nor'wester reporter (a partial list of Nor'wester reporters and their phone numbers is on page 2. A complete list will be printed in a later issue.)

August

1

- Change of command, Naval Hospital, Oakland.

2-6

- USS O'Callahan San Francisco port visit.

8

- Medical Service Corps Ball, Naval Medical Command, NWREG O' Club.

10

- Naval Communication Station, Stockton change of command.

12

- Military Sealift Command Pacific change of command.

15

- Naval Air Rework Facility, Alameda change of command.

15-17

- NAS Moffett Field Air Show.

22

- Naval Public Works Center, San Francisco Bay change of command.

27

- Naval Supply Center, Oakland change of command.

Crescent City—Our North Coast Gem

By C. A. Wolff, USN (ret.)

Located on U.S. Highway 101 near the Oregon border is Crescent City—an area highlighted by the Old Lighthouse. This 1865 landmark on Battery Point houses a museum containing the original light, antique clocks and photographs of shipwrecks. It is accessible only at low tide from May to the end of October. It was here on St. George Reef on July 30, 1865 that the side-wheeler Brother Johnathan was wrecked. The cemetery on 9th St. contains the graves of many of the victims of the wreck.

Del Norte Coast Redwoods State Park, eight miles south on 101, contains four memorial redwood groves. Steep slopes bear the trees almost to the ocean shores. Recreational activities abound.

Rellim Demonstration Forest, four miles further south, exhibits tools, photos and a diorama of the early logging and lumber industry. Trails through the forest note remains of logging activities.

One-and-one-half hours drive north of Crescent City is the beautiful Oregon Caves National Monument. The 75-minute cave tour is moderate-



This pastel drawing by a northern California artist, portrays the quaint fishing village atmosphere of Crescent City Harbor.

ly strenuous. Visitors must be accompanied by a guide. The largest subterranean room is 250 feet in length with flowstone walls over 60 feet high.

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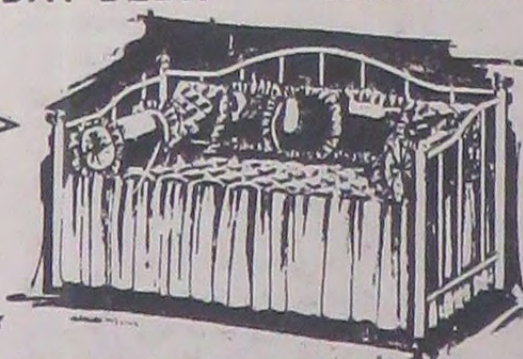
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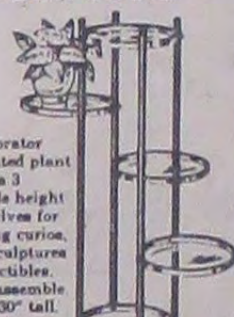
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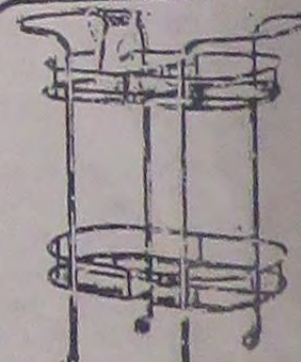
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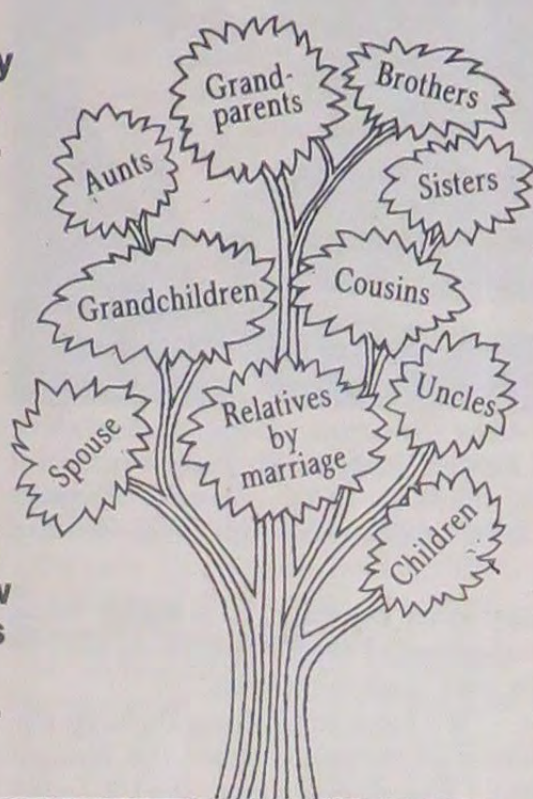
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CNO Selects Stratton to Head Personnel and Family Matters

By Bill Valente

The Carrier, NAS Alameda

Mrs. Alice Stratton was selected by the Secretary of the Navy, John Lehman, as the first Deputy Assistant Secretary of the Navy for Personnel and Family Matters.

In this position, her job is to create and pursue initiatives in quality of life issues, child and spouse abuse, spouse employment and drug and alcohol abuse.

Prior to this selection, she was a social worker in Exeter, Rhode Island, where she and her husband, CAPT Richard Stratton, USN (Ret) as of July 1, 1986, reside. (Many may remember CAPT Stratton, as he was POW of the North Vietnamese for over six years.)

When asked what her present goals are, she replied, "Survival...hanging in there and making sure that the family programs we have now we can continue to fund and resort to resources available".

Mrs. Stratton is presently on a tour of Northern California Naval installations. She spoke to the NAS Alameda Ombudsmen, military personnel and civic leaders at a luncheon at the officers club and said: "For the first time in 200 years we have started to do something right for the families, and now we are in danger of losing that momentum, and we must not let that happen."

Alice quoted John Paul Jones by saying, "Men are a lot more important than guns in rating a ship." She went on to say, "What good is a 600-ship Navy without people to man them? People must be seen as just as important as fuel oil, spare parts and ammunition."

"The former CNO predicts that we are going to be required to recruit one out of every two qualified people into a service that does not maintain pay comparable to that offered by outside industry....I think the message for us is very clear. We darn well better take care of the people we have, and now that the majority of our shipmates are married, we better take care of our families if we expect them to stick around with us."

"In terms of change in demographics, we have more of everything: More married, more younger married, more single parents, more dual career and more working spouses."

Alice recently completed a WESTPAC tour of family support groups and heard such comments as, "Do you think she is going to do anything? Do you think she can make a difference or help?"

To these questions she replied, "I am not the good fairy, the good fairy is dead. But, neither am I the wicked witch of the Pentagon, bringing you news of doom and gloom. There is a limit to what I alone can do. My job is



While visiting NAS Alameda, Mrs. Alice Stratton, Deputy Assistant Secretary of the Navy for Personnel and Family Matters (r), had an informal meeting with (l-r) FCCM Lon Smith (SIMA), YNC Ronald Froman (NAVAIRES), PNCS Jose Lorres (PSD), UTCS Millard Stump (CBU-416) and ATC Bruce Hill (VR-55).

to advise and communicate with my boss. In many ways, I am like an Ombudsman in the E-ring of the Pentagon. I do not intend to give up, but I do need the help of all of you."

The following are a few ways Mrs. Stratton described to the group as ways to help:

- Register to vote, then follow through and vote
- Let our needs be known in the Houses of Congress. We have the constitutional right to petition our government.
- There are some very effective groups that represent our interest, such as the Fleet Reserve Association, Navy League of the United States, the Non Commissioned Officers Association, Naval Reserve Association, and the Naval Reserve Officers Association.

If anyone is eligible to join an organization, please join and lend them your support. Whether military or civilian, operational or staff, or in

any other capacity, be a highly vocal supporter of family programs here or in your next command."

"We have to push up through the chain of command from the bottom and I'll push down from the top in addressing the needs."

"I'm hopeful of success, because the principle goal of our new CNO, ADM Carlile Trost, is keeping high quality people in the Navy. He intends to do this by reducing the stress of deployment and insuring the availability of family centers."

She concluded by saying that the support from Mayor Anne Diamant's office and the community in general, "have made a difference to those of our Navy and Marine families assigned to NAS Alameda. But, we need more to do more at all of our bases. Folks do listen to what we say, they watch us like kids, everything we do, and if we outreach, we outreach with concern. They are going to support the military. God bless you and God bless America."

The Toothbrush—1498 to 1986

By CDR M. W. Patterson, DC, USN
Branch Dental Clinic, Adak

When Florence Nightingale came to the Crimean War to nurse the wounded, she brought along soap, towels, knives, forks, and toothbrushes. The doctor who ran the barracks fumed and fussed when she handed out the toothbrushes, but Miss Nightingale paid no attention, for she knew that the soldiers would be healthier if they kept their teeth clean.

A few years later, when Booker T. Washington founded Tuskegee Institute to educate poor black students, he made the following rule: "No student is permitted to remain who does not keep and use a toothbrush." Soon students admitted to Tuskegee came with toothbrushes in hand, although they were sometimes so poor that they brought

nothing else. Washington said: "In all my teaching I have watched carefully the influence of the toothbrush, and I am convinced that there are few single agencies of civilization that are more far-reaching."

These days, we take toothbrushes for granted. We all have at least one and use it—or know that we should. Why were such famous people so excited about them?

For one thing, using toothbrushes to clean the teeth was a comparatively new idea. Although the Chinese invented the toothbrush in 1498, by attaching boar bristles to a handle, modern toothbrushes were not available until the late 18th century, and not really popular till the 19th century. Indeed, as recently as 60 years ago, three persons out of four in

please see page 7

Change of Command

from page 1

Community Manager for the Hospital Corps and Dental Technician ratings.

CAPT Brant wears the Meritorious Service Medal, Navy Commendation Medal with gold star in lieu of a second award, and the Navy Achievement Medal.

Mrs. Brant is the former Betty Lynn Matthews of Alexandria, VA. The Brants have one daughter, Jennifer.

During the Ceremony RADM O. E. Crews, Commander, Naval Medical Command Northwest Region, said, "The personnel of the Naval Hospital, Lemoore have contributed significantly to the readiness of the entire Naval Air Station, Lemoore complex, and the community. I am extremely proud of the job they have done. I am also extremely pleased and proud to recognize Commanding Officer CAPT Roger Case. His performance has been superb, and I know he will be greatly missed by the staff here. He is a consummate professional. Roger, I wish you, Lou and your entire family every success in your new endeavors in the civilian world."

CAPT Case retired from the Navy following 23 years of commissioned service.

Attix from page 1

dividuals, one hears nothing but praise regarding his abilities and his personality.

Attix participates in staff activities and interacts with staff as enthusiastically as he approaches life. He does not view his loss of hearing as a total handicap, rather it is a condition he has learned to adapt his life around. Jerry's upbeat approach to life, and the ease in which he deals within a hearing world is, according to him, due to his family. As one of three children, he was not treated any differently than his hearing siblings. Consequently, he grew up learning to function around his handicap, and not because of it.

Jerry and his wife Cheryl have three children. They are very active in all the children's activities, which include Cub Scouts, 4-H Club, and Girl Scouts. Jerry also served as assistant coach for his son's soccer team.

In nominating Attix for the Federal Executive Board Employee RADM Crews said, "In reading the criteria for nominees for outstanding handicapped Federal employee, it was obvious that Gerald Attix's achievements exemplified the courage and initiative necessary for overcoming a handicap. He has attained a significant grade level based upon his ability and continues to function at an outstanding level of performance."

Aug. 1, 1986

Nor'wester

Etc.

Saving for a Rainy Day—It's Easy

By Donna Bolinger
American Forces Information Service

"You ought to get yourself \$400 or \$500 million in cash. Tuck it away and forget about it. It'll come in handy sometime for a rainy day."

Henry Ford Sr.'s financial advice might be good for some people. Unfortunately, the average service member or government employee needs some alternatives when it comes to saving money.

Americans seem to have an aversion to saving; we're so consumption-oriented that we save less than the people of almost every other industrial nation.

So how, you might wonder, with the rent, car payment, grocery bill and the seemingly endless list of other expenses, am I supposed to come up with extra money to save?

"When we hear people say, 'We're too broke to put money aside,' all it really means is that they've chosen to live right up to the edge of their incomes or even over the edge," advises financial expert Jane Bryant Quinn.

"If you buy a better house, another car, a snowmobile, a vacation every year, movies, dinners out, nice clothes, and then say that you haven't enough money to save for the future, I can only reply that you're having your future now," she said.

"The problem is not solely in the economic system or the size of your salary or even inflation (unless you have a fixed income), but in the way you've arranged your life."

The bottom line is that anyone can save if he really wants to. It might be just \$15 a week, or less, but every little bit you stash away makes you that much more financially secure.

The best way to save, financial experts agree, is to get in the habit of putting money aside on a regular basis. It's no good to pay the bills and say you'll save whatever is left over, because there's never, or rarely, anything left over. The way to begin a savings program is to make a regular savings deposit off the top of each paycheck and to adjust spending to what's left.

Banks, savings and loan associations, credit unions and even insurance companies have come up with a myriad of ideas to help you:

Payroll deductions. Financial experts say this is the best way to save. Arrange with your finance office to take a certain sum out of every paycheck and put it into your local credit union, the bank of your choice or U.S. savings bonds.

Automatic transfer from checking to savings. Arrange with your bank or credit union to transfer a specified sum from your checking account to your savings account each month. It's important to remember

to enter the transfer in your check-book each month so you don't mistakenly bounce a check.

Saving by mail. Keep a stack of bank envelopes with your current bills. Think of each envelope as a "bill," to be paid every week or month along with the rent and the electric bill. Mail your deposit to the bank and you mail your other bills.

Bank "bills." Some banks and saving and loan associations will send you monthly reminders of the sum you "owe" your savings account, which you can treat as if they were bills.

Coupon clubs. Christmas, Hanukkah and vacation club plans get you to commit to saving a specific sum on a weekly or monthly basis over a year's time. However, financial experts say they're usually not as profitable as a regular savings account, because some offer little or no interest, and some pay interest only if you complete the club.

Life insurance. Life insurance policies in which some of the premiums go for insurance and some go into "cash value," somewhat like a savings account, may help you automate your savings, but experts say they aren't as profitable as a regular savings account. Besides, you'll have to pay interest to "borrow" some of the money, and the only way to get it free and clear is to cancel the policy.

Here are some additional tips to help you save:

☐ Save the loose change in your pockets at the end of each day.

☐ After you've paid the last installment of a car or personal loan, add that amount to your monthly savings since you're already used to living without it.

☐ Deposit any raises, bonuses, income tax refunds or cash gifts you receive directly into your savings account.

☐ Adopt a short-term austerity program in which you cut out as many extra expenses as possible and deposit your savings.

Saving money doesn't have to hurt. The reward is a nest egg that you can turn to for emergencies, for good times or for a feeling of independence from everyday money cares.

"A faithfully kept program of savings and conservative investments can give you more money and a better life than that of your neighbors who spend everything they get," Quinn said. "This is probably the oldest financial advice in the world, but there are some things you can't improve on."

"What we consider caution in ourselves we consider cowardice in others."

—Francis Bacon

Taking the Wrinkle Out of Travel



The wrinkled look may be "in" this year if you frequent New York's Fifth Avenue or Beverly Hills' Rodeo Drive. But if you're in the military — even if you're on temporary duty or leave — the wrinkled look is definitely "out."

Sgt. Richard LaSalle, a senior drill instructor at Fort Leonard Wood, Mo., is in the business of making Army trainees look sharp. His advice to military travelers:

☐ Carry a suit bag rather than cramming uniforms into a suitcase or duffle bag. Clothes are less likely to wrinkle if they hang while in transit.

☐ Avoid packing a dress uniform jacket whenever possible. Instead, wear it and hang it up or stow it in the overhead compartment found on almost every plane, train and bus.

☐ Fold clothing carefully. Align creases in pants. Button shirts and jackets, and with buttons down, fold sleeves in toward the center back. Some seasoned travelers sug-

gest placing tissue paper or plastic bags in garment folds and in the shoulders and sleeves of jackets and shirts.

☐ If traveling with a duffle bag, roll folded clothing.

☐ Always carry a shaving kit to keep shaving gear and toiletries from leaking onto clothing.

☐ Pack shoes, boots and other heavy items in the bottom of the luggage. Use shoe trees or stuff shoes with socks and other small accessories. Wrap in plastic bags to avoid soiling clothes.

☐ Layer clothing beginning with trousers, then heavy dresses and skirts, jackets, shirts, ties, light dresses and sweaters. Tuck underwear in corners and crannies.

☐ Travel light. Avoid checking luggage whenever possible. If you must check luggage, keep the essentials you'll need immediately, like a fresh uniform, toiletries and military paperwork, in a carry-on bag.

Toothbrush continued from page 6

the United States did not own a toothbrush.

Using a toothbrush was not only a new way to clean the teeth, it was also an easy and effective way. Even today, the toothbrush is a major weapon in our fight against dental disease.

Dental disease is caused by plaque, an invisible film of bacteria that forms on everyone's teeth. When we eat, these bacteria use the sugars in our foods as their source of energy. As part of this process, they produce acids and other waste products. The acids attack our tooth enamel, causing dental caries or tooth decay. The waste products irritate our gums, resulting in periodontal or gum disease. Brushing and flossing our teeth thoroughly to remove the plaque is vital for good oral health.

Your dentist can show you the best way to brush your teeth. Everyone's mouth is different. Many dentists recommend that you hold the brush at an angle against the gumline and move it back and forth in short strokes, using a gentle scrubbing motion. Whatever method you use, be sure to brush the inside, outside, and chewing surfaces of all the teeth.

Choose a toothbrush with soft, end-rounded bristles and a head small enough to reach every tooth easily. If a brush has bristles that are bent or frayed, it is worn out and cannot remove all the plaque from your teeth, so buy a new one.

And treat your toothbrush with respect. Toothbrushes have been helping people stay healthy for over two hundred years, and they're not done yet.



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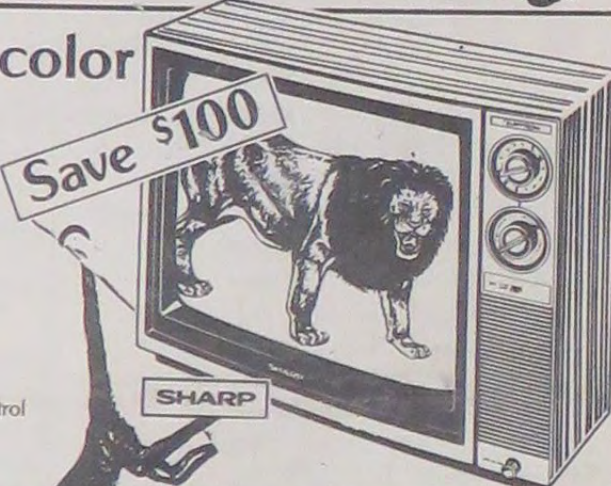


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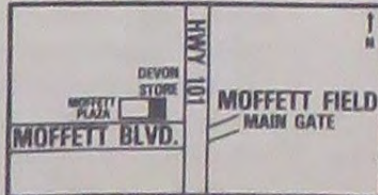


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Nor'wester

Page 1

Page 2

Pages 4&5

Page 7

MSC Celebrates Its 39th Anniversary

How the 'One Navy' Concept Works for Reservist

Meet the Staff That Keeps Treasure Island Healthy

Nancy Reagan Honors Navy Civilian Family

MSC Celebrates it's 39th Anniversary

The Medical Service Corps celebrated its 39th anniversary 4 August. The anniversary commemorates 39 years of sustained superior naval health care. The MSC was established as a staff corps of the Navy on 4 August 1947 under President Truman. The Corps was created as a component of the Medical Department of the Navy to complement the function of the Medical and Dental Corps.

Even though the Corps was formally established in 1947, the organization was conceived with an enactment by Congress that established the Hospital Corps in June 1898. This act created a Warrant Officer rank along with formalizing the enlisted structure. Revisions of the Act in 1912 and 1916, made it possible for medical personnel who were not physicians, to be granted commissioned status as Warrant Officers.

From 1916 to 1945, there were approximately 3,000 Warrant Officers appointed. However, the need for commissioned officers who were skilled in medical administration, and

also in the practice of sciences allied to medicine became well documented during both World War I and World War II.

In 1945, VADM Ross T. McIntyre, then Surgeon General of the Navy, began a concerted effort to gain legislation, which was eventually achieved two years later, in the establishment of the Naval Medical Service Corps. Two bills were consolidated into a single bill and became the Army-Navy Medical Service Corps Act of 1947.

In 1953, the first Chief of the Medical Service Corps was appointed by the Secretary of the Navy, by the authority of Congress. In 1982, the Medical Service Corps received Flag rank status with the first selectee being Commodore Lewis E. Angelo, MSC. (See his message to MSCs on page 2.)

In the 39 years since the Medical Service Corps was founded it has grown in strength to over 2400 men and women, and will continue to be a vital element in the effective execution of the mission of the Navy Medical Department.

Chief of Staff's Service with MSC



CAPT T. F. Levandowski, MSC, USN, Deputy Commander, Chief of Staff, Naval Medical Command, Northwest Region.

Captain T. F. Levandowski, Deputy Commander and Chief of Staff for the Naval Medical Command, Northwest Region, spoke recently with *Nor'wester* about his affiliation with the Medical Service Corps.

Captain Levandowski began his naval career by enlisting in February 1948. Following completion of recruit training and Hospital Corps School at Great Lakes, he served tours at Naval Hospitals Chelsea, MA, and Portsmouth, NH. He was on the commissioning crew of the USS Oriskany (CV-34) and subsequently served with VR-22 and VP-44.

CAPT Levandowski graduated from Officer Candidate School in 1959 and received a commission in the Medical Service Corps.

Subsequent tours include Commissioning Crew at Naval Auxiliary Air Station, New Iberia, Louisiana; Medical Electronics School, St. Louis, Missouri; the Naval Medical School at Bethesda, Maryland; the Bureau of Medicine and Surgery; and as Administrative Officer of Naval Medical Research Unit 2 at Taipei and NAMRU-2 detachments in Vietnam, Philippine Islands and In-

donesia. He completed a tour as Executive Officer, Naval Aerospace Medical Institute in July 1978 and served as Director, Administrative Services, U.S. Naval Hospital, Roosevelt Roads, Puerto Rico from 1978 to July 1981. He served as Commanding Officer, Naval Hospital Lemoore from 1981 to 1983 and as Deputy Commander/Chief of Staff at the Naval Medical Command, Northwest Region from 1983 until the present. His awards include the Meritorious Service and Navy Achievement Medals, the Navy Unit Commendation, Good Conduct, Navy Occupation Service, National Defense Service, Vietnam Service, Humanitarian Service and Republic of Vietnam Campaign Medals.

CAPT Levandowski earned his bachelor's degree from George Washington University in 1969 and a Master of Science in Management degree from Troy State University in June 1978. He has held teaching appointments at New Hampshire College and the University of Puerto Rico where he served as a preceptor in the Graduate School of Public Health of the Medical Sciences Campus. He is a member of both the American Academy of Medical Administrators, and the American College of Hospital Administrators. He is an Alumnus of the Federal Health Care Executives Institute and has attended the Strategic Mobilization Readiness Contingency Course.

A native of New Britain, Connecticut, CAPT Levandowski is married to the former Mary Niedzwiecki of Chelsea, Massachusetts. He is the father of two daughters; Margaret, who is married to Mr. Joseph Sanchez and resides in Pacifica, CA; and Mary Powers, the wife of LT G. W. Powers, CEC, USN, currently stationed in Kami Seya, Japan.

NOR'W: Cite significant accomplishments of the Medical Service Corps. *please see page 2*



HM2 Mark Gomez of the Naval Medical Clinic, San Francisco, instructs a patient in the positioning of her foot for an X-ray. See the History of Treasure Island and featured photos of the Naval Medical Clinic on pages 3, 4 and 5. (Photo by David Sims)

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Op/Ed

MSC Anniversary Messages

RADM Lewis F. Angelo

August 4, 1986, we marked the 39th anniversary of the Medical Service Corps. It is with great pride and pleasure that I salute you as we add to our ever growing list of accomplishments and Corps' history.

From our original group of 252 officers of a few administrative and allied science specialties, we have grown to a present strength of more than 2,400 men and women of 28 diverse administrative and health care and science specialties. With this growth we have also assumed much larger responsibilities in the overall management of the Navy's valuable health care resources. The role of today's MSC is to be a "full partner" with other Medical Department

Corps in the Navy's Health Care system. However, to flourish as a partner in any setting we must be ready to accept higher levels of responsibility in more ways than ever before. The skills must be honed, the experience gained, the determination high and the willingness to grow ever present.

As we move toward our 40th year, I challenge each of you from Ensign to Captain to be ready to accept new levels of responsibility, to be professionally competent, to be fully prepared to accept "full partnership" as it is thrust our way, and to maintain the highest levels of personal and professional integrity.

Happy Birthday and best wishes to all MSC Officers worldwide.
RADM Lewis F. Angelo, MSC, USN

RADM J. Cassells

On the occasion of the celebration of the 39th anniversary of the Medical Service Corps, I wish to extend my best wishes to all health care administrators and health care and science officers who make up the Medical Service Corps. The 252 officers authorized by Congress in 1947 have grown to more than 2,400 officers today, in such diverse specialties as those from audiology to psychology, from industrial hygiene to radiology, and health care administration. You serve your Navy

and your Country not only on Navy and Marine Corps bases and the ships of the Fleet, but in the most remote and underdeveloped countries as well.

A high degree of professionalism and outstanding devotion to duty has been the hallmark of the Navy Medical Service Corps.

I join your shipmates in wishing you a happy anniversary and passing a hearty "well done."

RADM J. Cassells
Commander,
Naval Medical Command

Chief of Staff continued from page 1

vice Corps and why they are important to MSC Officers.

CAPT L: Just review the history of the Medical Department since 1948, and the accomplishments leap out at you. Fresh in our minds from the recent past are the contributions our Medical Service Corps Officers have made locally, i.e., the establishment of the GEOCOM, the restructuring of functions from hospitals to

GEOCOMS, their roles in the planning and conversion of the hospital ships, fleet hospitals, contingency planning, establishment of the Tri-Service Blood Donor Complex, establishment of the clinics command, HTLV III testing, RDT&E studies, virtually every panel and special group includes MSC Officers.

NOR'W: Are there "tickets to be punched" in order to have a successful career in the MSC? If so, what are they?

CAPT L: "Tickets" are hard to specifically define because of the diversity of professions and billets in which MSC Officers serve. Basically, an MSC Officer must be able to demonstrate continuing ability and competitiveness, continuing education, progressively responsible positions and billets, mobility and willingness to serve in different geographic locations in a variety of billets, and a Washington, D. C. tour in NAVMEDCOM, OPNAV, or other Flag staff billet.

NOR'W: What do you see as the opportunities for MSC Officers in the CP/HP structuring?

CAPT L: As in the first question, the Medical Service Corps will be an integral element in both the CP and HP structures. "Service" is our mid-

Ready Reservist's 'One Navy' Concept

By LCDR Linda deTonnancourt, USNR-R

The One Navy Concept has been put into action at Naval Hospital Oakland. It all began when LCDR Nancy Puksta, permanent PM shift Patient Care Coordinator at the hospital asked permission for time off from duty to have some minor surgery. Since coverage during her absence would have created a staffing problem, LCDR Puksta proposed a plan to her superiors. "Would it be possible for LT Nancy Bloom-Schraut, NC, USNR-R to cover for me during her (already scheduled) two week active duty for training?" queried LCDR Puksta. After review of her biographical data and her professional history, it was decided that LT Bloom-Schraut was eminently qualified to relieve LCDR Puksta for the period that she had requested.

The two weeks of duty that began on April 21, 1986 marked a "first" for both the active duty and reserve components of the Nurse Corps at this command. Through approval of this proposal, CAPT J. A. Emal, Director, Nursing Service established the precedent of utilizing a reservist on ACDUTRA to fill a primary and essential position in nursing administration. CDR Anne E. Gartner, Commanding Officer of Naval Reserve, Naval Hospital Oakland 120, stated "LT Bloom-Schraut's ACDUTRA at the gaining command is the "One Navy" concept at work.

More opportunities in this direction are needed in all areas of the Reserves."

While on ACDUTRA, this energetic reservist's responsibilities included assuming all the administrative tasks for PM nursing supervision, conducting clinical rounds throughout the hospital while assessing patient care needs, and appropriately adjusting staffing requirements in relation to the ward activity, personnel capabilities, and patient classification data. LT Bloom-Schraut remained flexible and used excellent problem solving skills for the various situations. Her exceptional interpersonal skills enabled her to be readily accepted by all of the staff.

Claiming that the two weeks was the most rewarding ACDUTRA experience that she had ever had, LT Bloom-Schraut stated, "In the event of a recall, I believe that I could fill a supervisory nursing billet without difficulty". Since the ACDUTRA, she has again given mutual support to the gaining command by performing recent monthly drills to relieve the PM Patient Care Coordinator.

The Naval Hospital, Oakland and the Naval Reserve, NHO 120 will miss LT Bloom-Schraut when she and her family depart for Connecticut with her husband, LCDR Gary Schraut, where he will be a staff ophthalmologist at Naval Hospital, Groton.

dle name, and we will always be a viable cog in the big wheel, and will serve when called. Teamwork is the bottom-line—no Medical Department Staff Corps can function in a vacuum.

NOR'W: What are the challenges facing new MSC Officers?

CAPT L: The challenges are many—hospital ships, contingency and mobilization roles, fleet hospitals, the newly emerging, but gaining status, structure and power—the DoD ASDHA arena. With the challenges and opportunities, we must also be aware of the pitfalls that come with increased stature and visibility.

NOR'W: What are your thoughts on continuing education for MSC Officers; advantages of serving a tour in Fleet units; specialization within the MSC, i.e., computers, personnel, budget and finance, science; as these topics relate to an MSC Officer's career progression.

CAPT L: I have a sign hanging on

my office door which reads, "When you are through improving yourself—you're through!" 'Nuff said. If a day goes by when we each do not learn something new—something is wrong. So many dynamic things are happening of vital interest to us in so many different areas, that when one stops and thinks of all the events in our basic field of interest, our medical department, our Navy, our country, the civilian professional world, the international scene etc.—it is absolutely mind boggling! Specialists and specialization are facts of life, but awareness, teamwork, knowledge of the bigger picture must always be put in proper perspective. Bottom line again, professionalism, excellence, competence, strong moral fibre, fitness and performance. The future for the Medical Service Corps and the Navy Medical Department is bright.

Nor'wester

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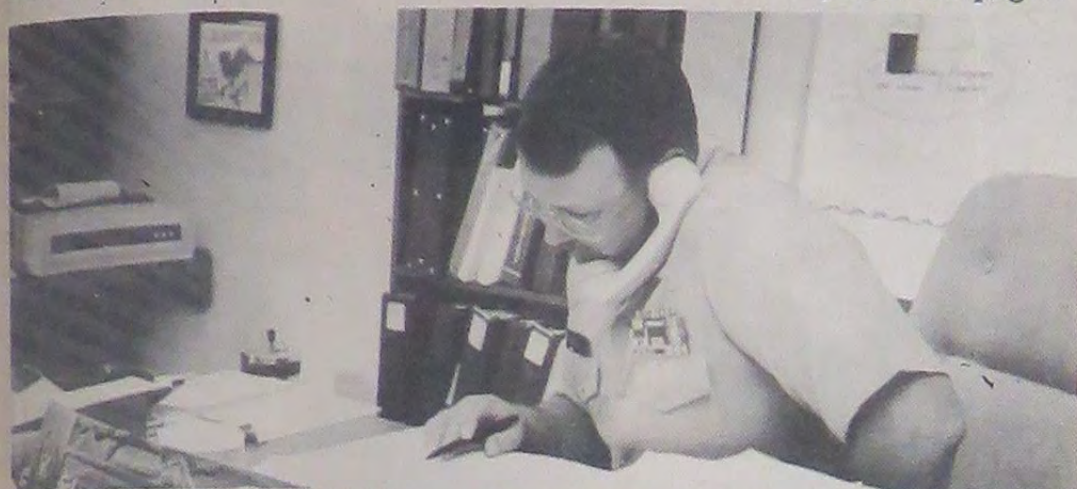
News

Naval Medical Clinic San Francisco Serves Treasure Island's Residents

The history of Treasure Island is short, as histories run, and well documented. The largest man-made island in the world was created in a 14-month period from November 1937 to serve as the site for the 1939-40 Golden Gate International Exposition. The 403-acre island's \$50 million "World's Fair" wonderland attracted 10.5 million people from all over the world the first year.

The Island rests on the Yerba Buena shoals, a one-time navigational hazard that was covered with tons of rock, and with silt dredged from the bay bottom to build the island. Much of the silt had washed down into the bay during the California Gold Rush, and it was reasoned it still contained gold particles from the mother lode. "Gold Island" did not

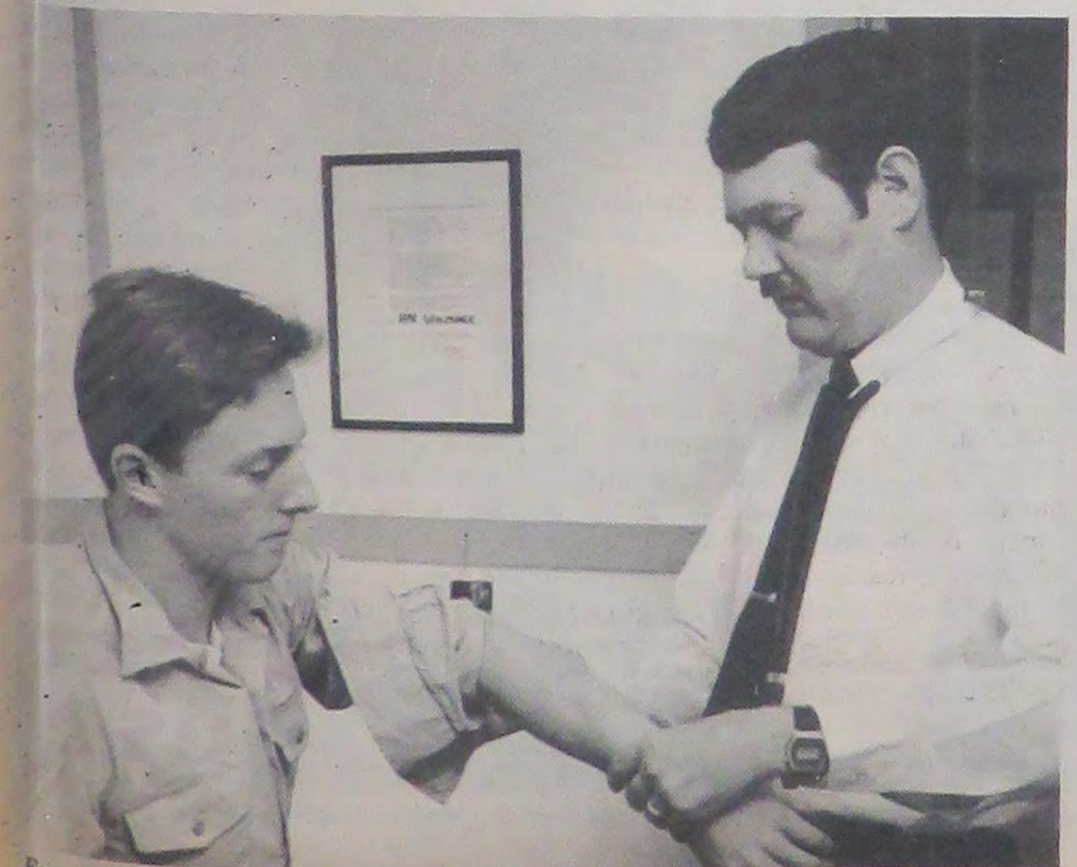
please see page 4



Assistant Administrator—HMCS Steve Bayes is responsible for the daily operations of the Naval Medical Clinic San Francisco.



Medical Records—Leading Petty Officer HM2 Juan Podua assists a mother and her children.



Examination—Physician Assistant CWO4 George Chaisson examines a patient's arm.

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Treasure Island's Medical Clinic at Work

continued from page 3

exactly sound right, but "Treasure Island" from Robert Louis Stevenson's 1882 book was a natural.

Originally planned for use as an airport for the city of San Francisco after the fair, the island was leased to the Navy early in 1941. After World War II, San Francisco traded the deed to the island for the government land south of the city, which is now San Francisco International Airport.

Yerba Buena Island

The history of Yerba Buena Island predates the first recorded sighting by Spanish explorers in 1775, by unknown centuries. The Tichayune Indians, and doubtless others before them, used the island as a fishing station and as a ceremonial and burying

ground, according to archeological evidence.

Mexico ceded the California territory to the United States in 1848, and on Oct. 12, 1866, the island was "set aside for military purposes" by presidential proclamation. It was occupied two months later by Army personnel from Alcatraz Island. In 1896, Congress authorized the establishment of a Navy training station on Yerba Buena Island, and it served as such through World War I. During peak years, there were up to 13,000 men in training onboard. In 1923, West Coast training was transferred to San Diego, and the Island became a Navy receiving station. At the beginning of WWII, naval activities were transferred to

Treasure Island, and today Yerba Buena serves as a residential suburb with 110 units of officer family housing, for its man-made neighbor. There is also a small Coast Guard Station aboard the Island.

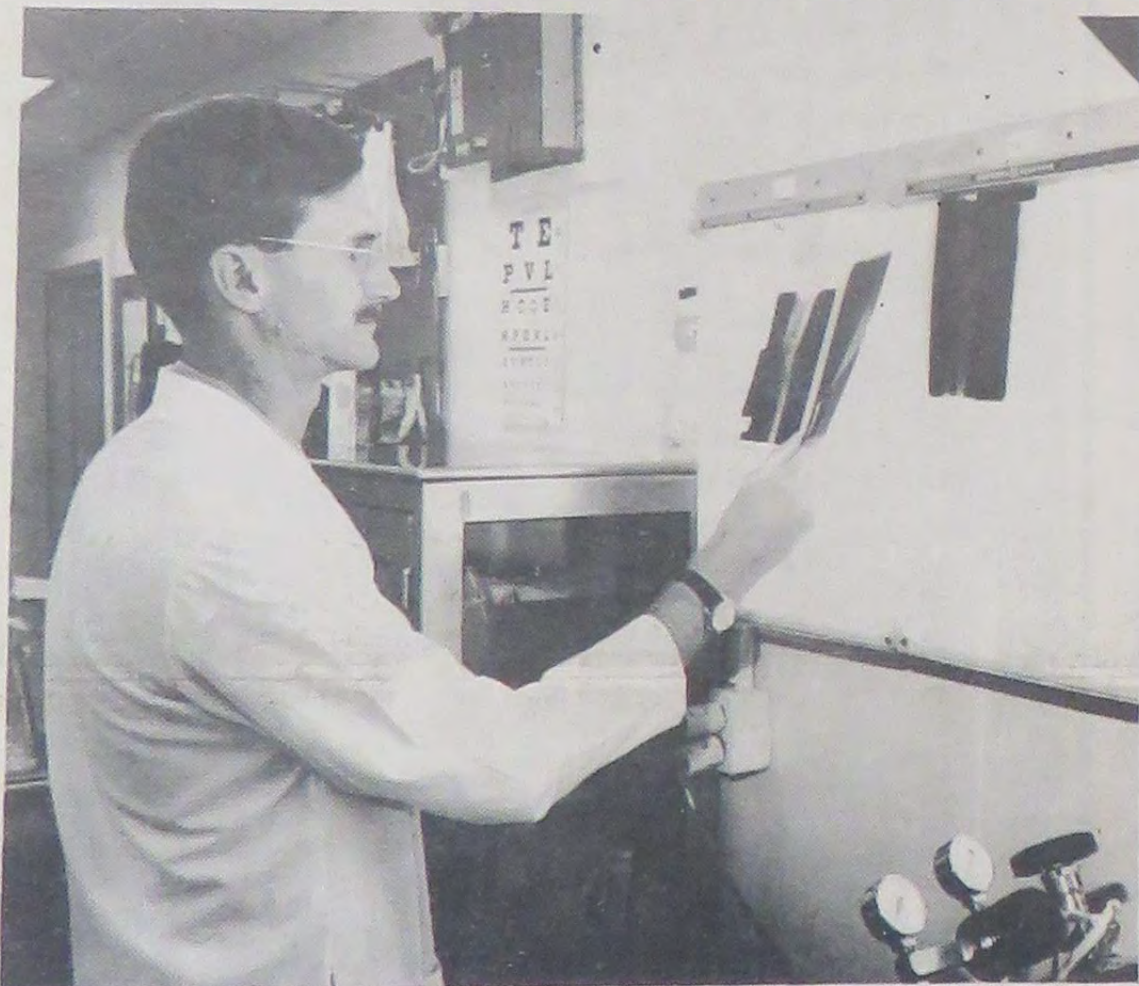
The name Yerba Buena is Spanish for "Good Herb," and was reportedly given to the island for the wild mint growing there and used by the Spaniards to flavor their tea. The island has also been known as Wood Island, Bird Island, and most popularly, Goat Island, its official name from 1895 to 1931. That name came from the multiplying herds of goats raised there for their food from about 1850 until the last goat was removed in 1931, when the name was officially changed back to Yerba

Buena.

During World War II, Treasure Island was built up to a major naval facility, processing up to 12,000 men a day to Pacific area assignments and thousands more in the days and months following victory.

Today, Treasure Island's medical needs are served by the Naval Medical Clinic San Francisco, located in building-257. The clinic provides a diversity of outpatient services including a general practice clinic, psychiatry, pediatrics, orthopedics, optometry, pharmacy, laboratory, preventive medicine, X-ray, physical examinations, CHAMPUS counseling, physical therapy, immunization and ambulance services.

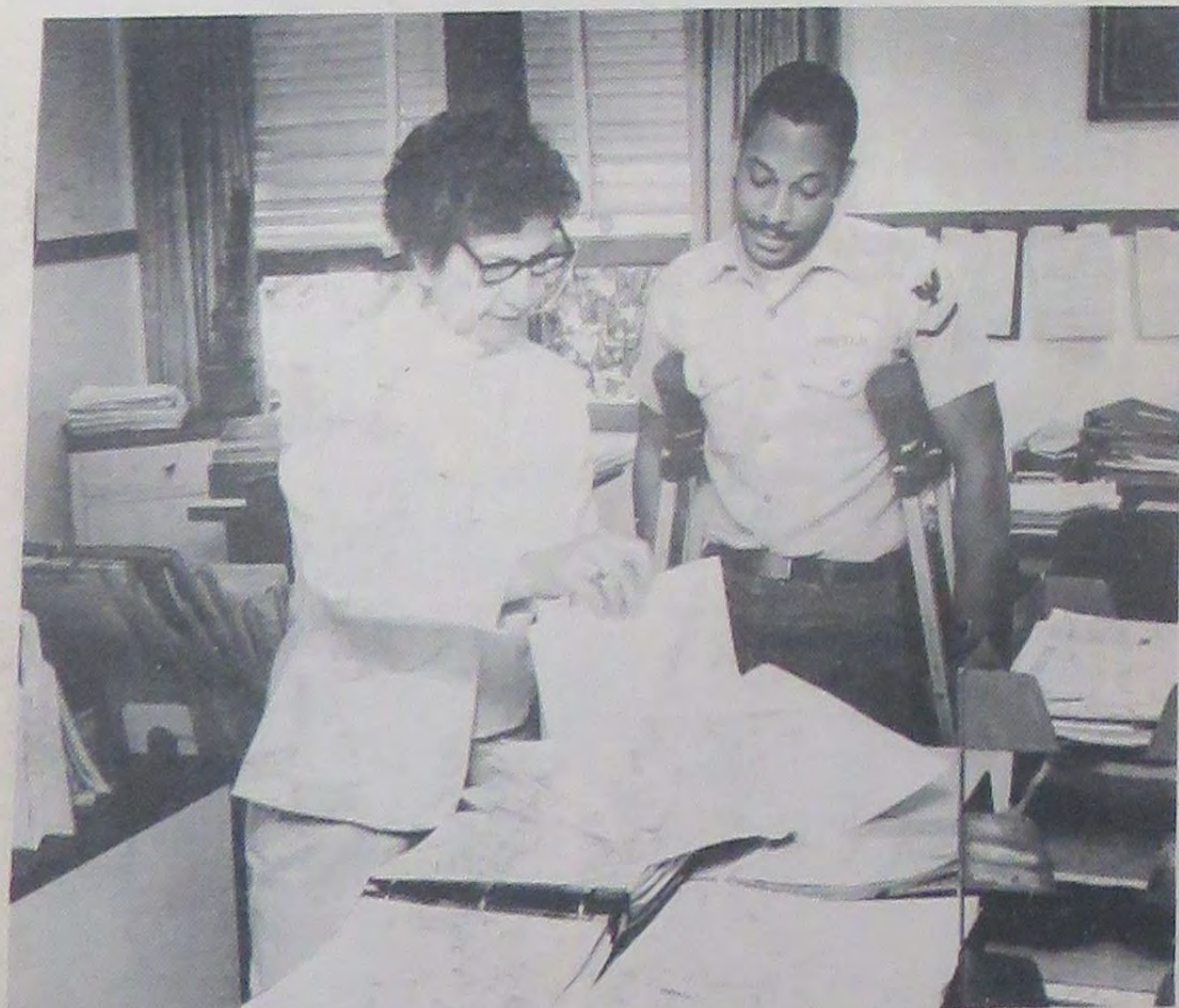
Photos by David S.



X-ray Check—Medical Corps LT Randall Bass reviews film.



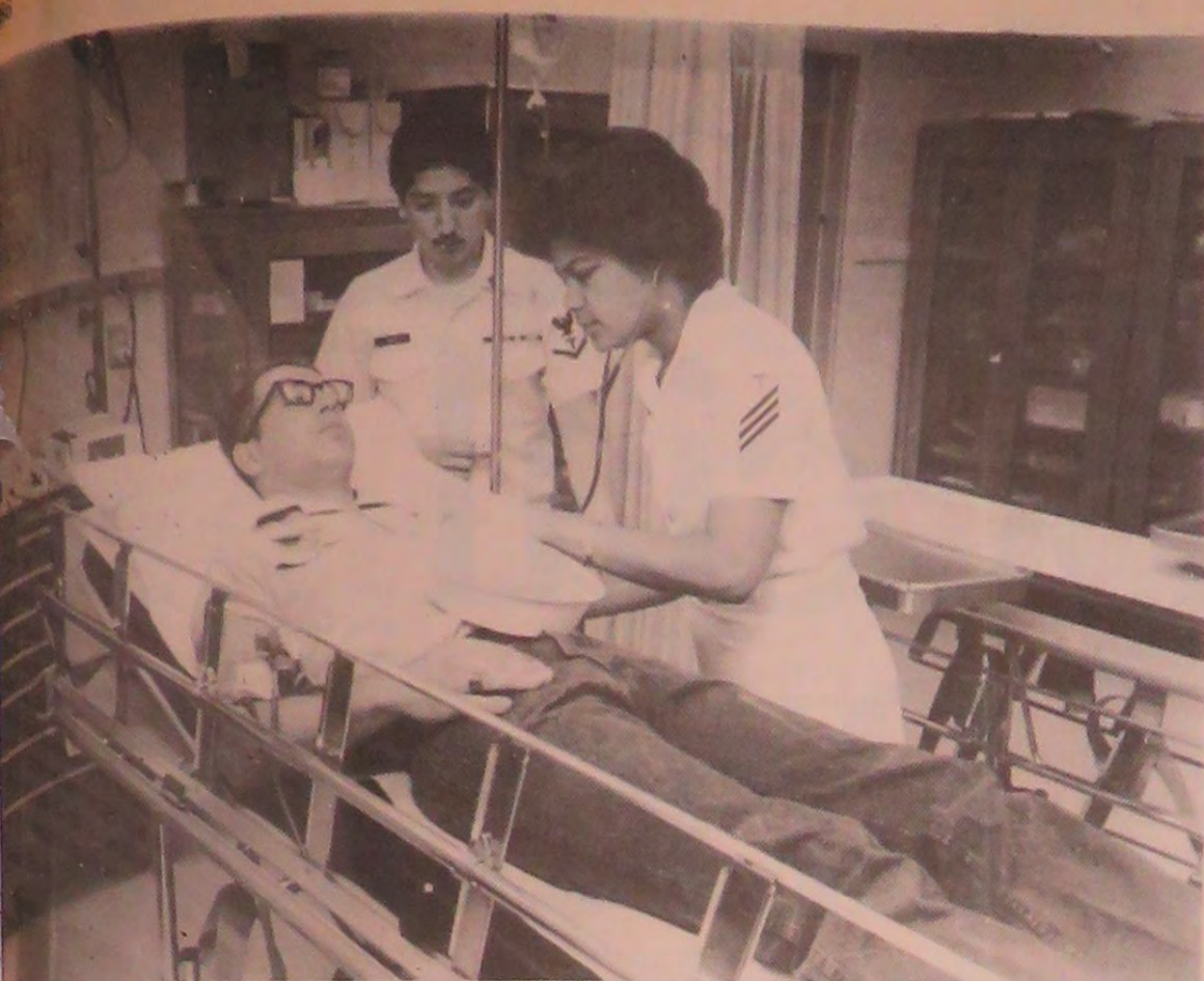
Separations—HN Willie Printup completing records for personnel getting out of the Navy.



Consultations—Ms. Julie Clousse taking care of a patient in Medical Hold.



Pulling Charts—HM3 Nelson Patrick of the Medical Records Dept. pulls a record for a T.I. patient.



Team—HM3 Ervey Valle checks the IV's HN Denise Wilmore takes a patient's pulse.



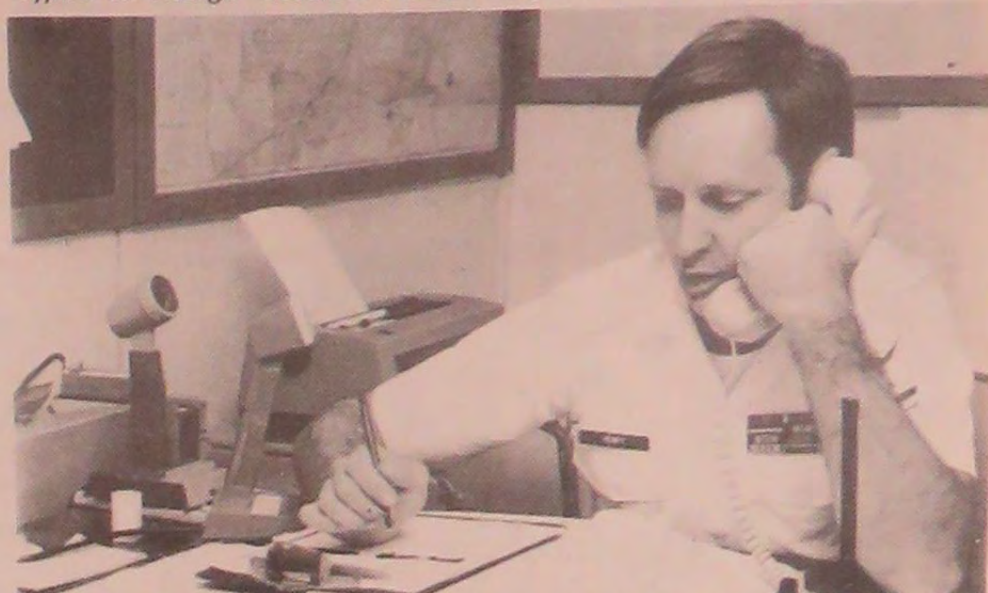
HN Mike Howe examining a slide specimen.



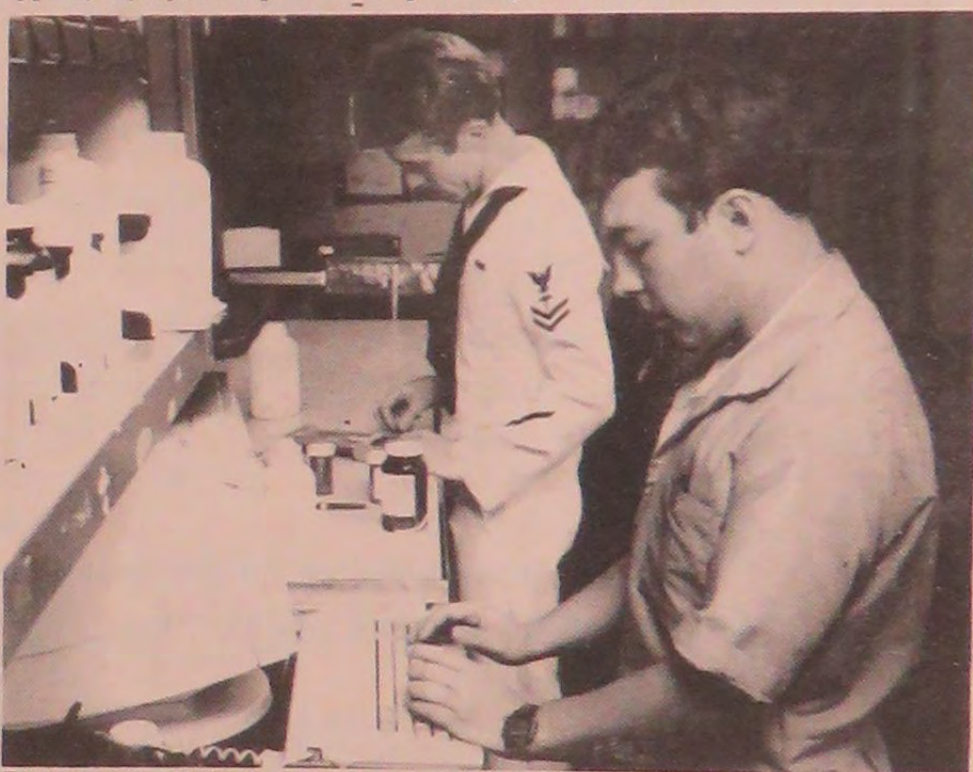
Exams—HM3 Gloria Bradely complete a basic eye examination for separation physicals.



Officer-In-Charge—Medical Service Corps LT Robert Berg.



Emergency Calls—HM2 Joseph Henry takes basic information, address, type of injury, etc., prior to dispatching an ambulance.



Pharmacy—HM2 Mike Smith (l) and Tom Evenson (r) hard at work filling prescriptions.



Administration—Administration Assistant David West puts a smile into his work as he performs his duties.

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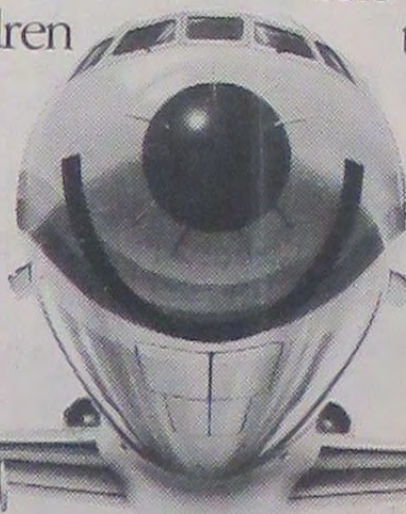
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Etc.

Mrs. Reagan Honors Navy Civilian Family

By Evelyn D. Harris
American Forces Information Service

The family of Jason Weiner, project engineer at the Naval Training Systems Center, Orlando, Fla., was among six families honored by First Lady Nancy Reagan with a "Great American Family" award at a recent White House ceremony.

The Weiners were one of three families with military ties chosen for the honor. Families are chosen on the basis of how well they nurture individual growth, teamwork, love, friendship and service to others.

The families of Master Sgt. Stanley Hoisington, USA, Fort Campbell, Ky., and Col. William Sweeney, USMC, Subic Bay, Republic of the Philippines, were also honored.

The Weiner family is made up of Jason; his wife, Geraldine, an accomplished artist who has written

and illustrated a book on how sighted persons can help blind persons achieve their full potential; Andrew, 27, an experimental physicist in laser technology; Mary, 26, an artist; Nathan, 23, who is in the Navy and has been selected for nuclear power school; Alexander, 19, who has completed two years at the U.S. Naval Academy; Daniel, 16; and Douglas, 15, a sophomore in high school. Despite being totally blind and deaf in one ear, Daniel can speak seven languages fluently and plays the flute, piccolo and violin. He entered college at age 15.

Nathan Weiner summed up his Great American Family this way: "It's a family that backs each other up and cares for one another."

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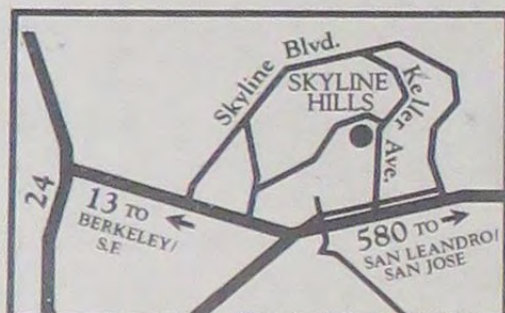
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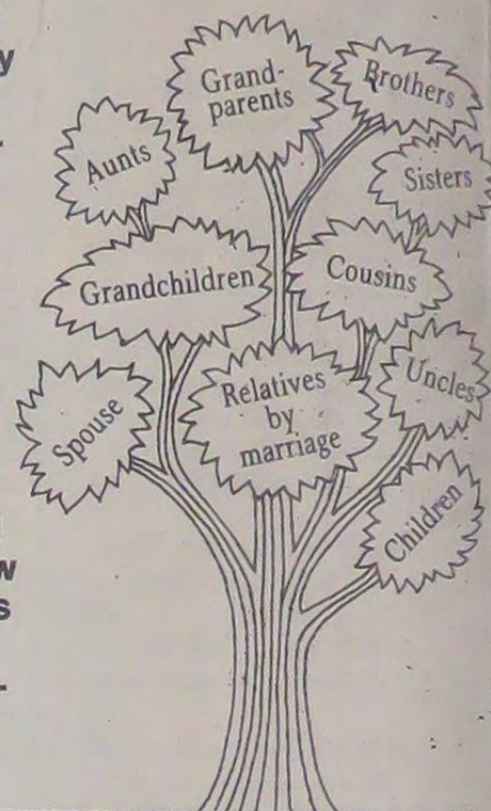
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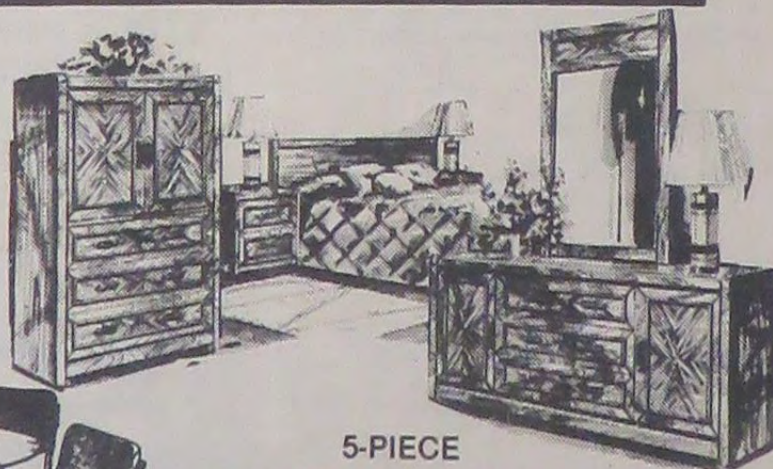
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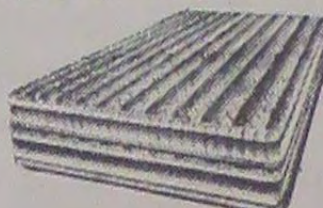
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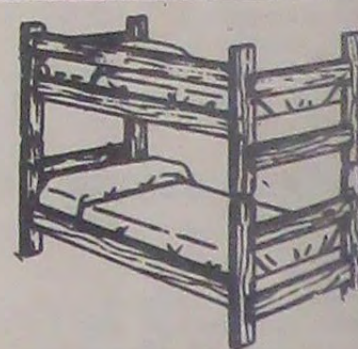


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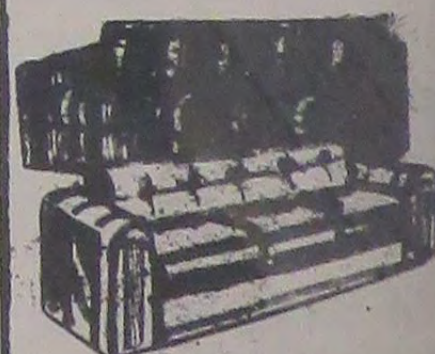
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RADM Crews Retires After 30 Years

Page 2

Tougher Physical Standards for Navy People

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Page 6

Region-wide Awards and Promotions

Admiral Crews Retires After 30 Years

Rear Admiral Quintous E. Crews retires from the Navy following 30 years of service, turning over the reins of the Naval Medical Command, Northwest Region (NAVMEDCOM NWREG) at Oak Knoll, to Captain T.F. Levandowski on 5 Sept. 1986.

RADM Crews has been Commander, NAVMEDCOM NWREG since August 1984. He has had oversight of Navy Medicine's reorganization and realignment within a region that extends from Central California to the Canadian border, and from Alaska to Eastern Kansas.

A native of Port Arthur, TX, RADM Crews studied medicine at the University of Texas School of Medicine. He served his internship at Good Samaritan Hospital, Phoenix, AZ. He was commissioned in the Navy in July 1956.

One of RADM Crews' early assignments was his Radiology Residency at the Naval Hospital, Oakland in 1958.

"It is an exciting time to be involved in Navy Medicine," the Admiral explained. "As we focus on our mission of providing quality health care to the Fleet, we can see many new opportunities opening up for us. Naval hospital ships are returning to the Fleet after a 10-year absence. New Fleet Hospitals are being designed to more effectively support



Rear Admiral Q. E. Crews, MC, USN, Commander, Naval Medical Command, Northwest Region, retires from the Navy with more than 30 years of service.

our deployable Navy and Marine Corps units. I fully intend to maintain a close contact with Navy medicine, even in retirement," he added.

RADM Crews' academic and professional credentials are many. Highlighting the long list, RADM Crews is a Diplomat of the American Board of Radiology. He is also a

Specialty Advisor in Radiological Medicine to the Surgeon General of the Navy.

RADM Crews is married to the former Maybelle Bierschwale of Belton, TX. They are the parents of one son, Quintous E., III and three daughters, Cynthia, Patricia and Victoria.

Please see page 3

CAPT Woodruff Awarded Legion of Merit

CAPT William E. Woodruff, MC, United States Navy Reserve (RET), was awarded the Legion of Merit for services performed in the Microvascular Training Department of the Clinical Investigation Department, NHO. The citation, signed by John Lehman, the Secretary of the Navy, read:

"For exceptionally meritorious conduct in the performance of outstanding volunteer service as Instructor in Microsurgery Training on the Staff of Commanding Officer, Naval Hospital Oakland, California from November 1979 through September 1985. During this period, CAPT Woodruff established unique microsurgical training at Naval Regional Medical Center Oak Knoll. Since 1980, he personally trained over 130 medical and dental officers from all surgical subspecialties serving in three military services. Through his efforts, the capabilities of military hospitals worldwide were substantially upgraded in the areas of trauma care and reconstructive surgery. The nation's military services derived these benefits through the dedication of a man who received no pay and who fulfilled his obligation to the Navy long ago. CAPT Woodruff was driven by his own sense of duty and by a desire to fully

Please see page 3

SECNAV Announces Smoking Policy

The Department of the Navy policy on smoking prevention and cessation programs was announced recently by the Secretary of the Navy.

"It should be made clear that we are not prohibiting tobacco use," the Secretary said in a recent ALNAV. "Our's is a positive educational/awareness approach designed to provide the least disruption while

improving our state of health and ability to maintain a high state of military readiness."

The smoking programs are aimed at creating healthier work environments and providing smokers with professional support to stop smoking without pressure to enter these programs against their will.

Under the Navy program, smoking will be permitted only if it does

not endanger life or property, or risk impairing non-smokers' health.

Tobacco use is not permitted in:

- Auditoriums, conference rooms, classrooms and libraries.
- Elevators, official buses, vans and shuttle vehicles.
- Gymnasiums, child care and youth activity centers.

The program calls for all com-

Please see page 3



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race, creed, color, national origin or sex of the patron. A confirmed violation or rejection of this policy of equal opportunity by the advertiser will result in the refusal to print advertising from that source. Reader contributions and comments are heartily solicited. Nor'wester's editorial deadline is 3 p.m. Wednesday for publication Friday of the following week.

Op/Ed

Navy Dental Corps Celebrates 74 Years

On behalf of the Navy Medical Department, it is a pleasure to extend a sincere anniversary greeting and a heartfelt thanks to the Navy Dental Corps. We are proud to have such dedicated and professional personnel serving on the Navy Medical Department Team.

The role of today's Dental Officer is much different than that of 74 years ago. Contingency planning, increased patient expectations, quality assurance and the ever increasing sophistication and technology of today's Navy and its Dental Corps, require the modern Dental Officer to be adept at communication and manage-

ment as well as in clinical skills.

Opportunities today and in the future provide aspiring Dental Officers the opportunity to blaze new trails in leadership and management in areas in the Navy Medical Department not previously explored by dentists. The future of the Dental Corps lies firmly on a solid foundation of exceptional care, established over 74 years of noteworthy devotion to duty. Happy Birthday and Best Wishes as you continue to provide nothing less than the best.

VADM Lewis H. Seaton,
Surgeon General of the Navy

NAVHOSP Mare Island Branch Clinic Change of Command

Naval Hospital Branch Clinic Mare Island recently held a change of command ceremony during which LCDR David L. Gustafson, MSC, USN turned over the reins of the branch clinic to LT. David P. Bates, III, MSC, USN. In his farewell remarks LCDR Gustafson lauded the efforts of the entire staff for making the transition to the new facility effortless. LCDR Gustafson commented that the "OIC can only make this facility work when he has the support of the staff". LCDR Gustafson left to fill a billet at Naval

Medical Command, Northwest Region in mobilization and planning.

LT Bates reported aboard from a tour of duty with Naval Medical Command, Northwest Region. LT Bates, a former Hospital Corpsman with nine years enlisted service, was commissioned in the Medical Service Corps in 1981. LT Bates previously served with Fleet Marine Force in Okinawa and Camp Pendleton. Married to the former Jane Fontecchio, they have two sons, Ryan and Alan, ages 11 and 10. The Bates reside in Concord, CA.

Change in CHAMPUS Claim Filing Forms

Recent changes in filing CHAMPUS claim forms have been incorporated in the Navy Health Care System with the following results:

Beginning 1 October 1986, the authority for adjudication for ALL claims will be returned to the cognizant Office of Medical Affairs (OMA). At that time, all active duty claims should be forwarded to the appropriate address listed below:

For medical claims in the states of Colorado, Kansas, Utah and the northern portion of California (north of a line traced by the southern borders in Inyo, Kings and Tulare counties):

Commander
Naval Medical Command, Northwest Region
Office of Medical Affairs
Oakland, CA 94627-5025.

The point of contact for this area is HMC K. Thames, AV 855-5705 or commercial (415) 633-5705.

For medical claims in the states of Alaska, Washington, Oregon, Idaho, Montana, Wyoming, North and South Dakota and Nebraska:

Commanding Officer
Naval Medical Clinic
Office of Medical Affairs
Seattle, WA 98115-5004

Point of contact for this area is HMC G. Meldrum, AV 941-3823 or commercial (206) 526-3823.

Also, beginning 1 October all dental claims should be forwarded to the following address:

Commander
Naval Medical Command, Northwest Region
Office of Dental Affairs
Oakland, CA 94627-5025

Point of contact is DT1 R. Reece, AV 855-6200 or Commercial (415) 633-6200.

Drugs and the Navy—Severe Penalties

Possession, use or trafficking of drugs is not tolerated within the Naval Medical Command, Northwest Region and is dealt with in the severest of terms. Following is an example.

August 8, a Lieutenant assigned to a command in the Northwest Region was convicted by a General Court-martial of 19 specifications of

dereliction of duty in writing prescriptions for controlled substances, three specifications of use of controlled substances, and one specification of possession of drug paraphernalia. He was dismissed from the Navy, given the most severe type of adverse discharge, confinement for 15 months, and a total forfeiture of pay and allowances.

Revised Physical Readiness Directive

The revised Physical Readiness Directive, OPNAVINST 6110.1C, was issued recently, and is now in effect. Under the new program Navy people can expect tougher physical fitness tests more often.

Being physically fit remains a shared responsibility between the individual and his/her leaders, states NAVOP 087/86. Over the past three years, Navy people have shown significant improvements in overall physical fitness. The gains which have been made must continue.

According to the new instruction, physical fitness tests will be given twice a year with an increase in the required amount of sit-ups. There has also been a decrease in the time allowed to complete the 1.5 mile run.

Push-ups for males and females have been added to the test to measure upper body strength and endurance. A basic remedial exercise program will be provided for those

people who need help getting into proper physical shape.

People who fail the test repeatedly, and are excessively overweight, may not be permitted to reenlist, extend, transfer or be promoted. The new instruction also contains information clarifying the requirements concerning medical waivers and pregnancy.

Commands which have conducted physical readiness tests this year have already met the requirements for FY86. The old instruction should be used for commands who have not yet administered the test for FY86 and have not received the new instruction.

This program, a natural part of the Personal Excellence efforts, will help raise physical fitness standards. As a contribution to the readiness, it should be the goal of all people to meet physical fitness and body weight standards by the end of FY89.

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American Heart Association

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Alameda FSC's New Child Care Policy

The Family Service Center, Alameda is pleased to announce its new child care policy effective immediately.

Attendees at designated Family Service Center workshops receive a \$1.25 per hour, per child subsidy for child care expenses incurred at the NAS Alameda Child Care Center while the attendee participates in a workshop.

This subsidy lowers the cost of child care to an affordable rate of .50 per hour, per child and enables the attendee to participate in a variety of educational and informative programs offered by the Family Service Center.

To use this subsidy, call FSC one week prior to the scheduled workshop date to reserve your space. Then, call the Child Care Center to reserve space for the date and time of the

workshop. (Your child must be previously registered at the NAS Alameda Child Care Center to qualify for this program. Call the Child Care Center for information regarding registration.)

At the workshop, you pay FSC for child care at a rate of .50 per hour, per child and then receive a chit to present to the Child Care Center. The FSC then receives and pays the entire bill for your child care for a period of time to include the duration of the workshop and transit time.

This new program is made possible by a grant from the Alameda Officers' Wives' Club. If you or your club or organization would like to contribute to this worthwhile program, please contact Kathy Arce-ment at 869-4111. Donations are gratefully accepted.

Nor'wester

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AV: 466-7445/6
Branch Clinic Alameda
HMC3 Richard Demerest,
(415) 869-4314

Aug. 29, 1986

Etc.

Admiral Crews Retires continued from page 1

Relieving RADM Crews as Commander, NAVMEDCOM NWREG is Captain Thaddeus F. Levandowski. CAPT Levandowski has served as the Chief of Staff of NAVMEDCOM NWREG since July 1983. Prior to coming to that post, he was Commanding Officer of the Naval Hospital, Lemoore, CA.

CAPT Levandowski began his Navy career as a Hospital Corpsman in 1948. He graduated from Officer Candidate School in 1959, and was commissioned an Ensign in the Medical Service Corps.

A native of New Britain, CT, CAPT Levandowski earned a

Bachelors Degree from George Washington University, and a Master of Science in Management Degree from Troy State University. His military tours include duty aboard USS ORISKANY, and a variety of shore stations from Taiwan to Puerto Rico, and all three coasts of the continental United States.

CAPT Levandowski is married to the former Mary Niedzwiecki of Chelsea, MA. They are the parents of two daughters; Margaret, who is married to Joseph Sanchez of Pacifica, CA and Mary Powers, wife of Navy Lieutenant G.W. Powers, currently stationed in Kami Seya, Japan.

Smoking Policy continued from page 1

mands and Morale, Welfare and Recreation activities to discourage tobacco use and educate people regarding its hazards.

Secretary of the Navy John Lehman said all eating facilities ashore and afloat should have designated smoking areas when sufficient space is available for non-smokers, and ventilation is adequate.

In buildings, facilities and ships, commanding officers will provide separation between smoking and non-smoking people in common work spaces whenever possible.

In medical treatment facilities, tobacco use by staff members will not be permitted in the presence of patients, and will be limited to private offices and designated spaces. Smoking by patients will also be confined

to specified areas.

The United States Surgeon General has determined smoking is the most preventable cause of illness and death. The Environmental Protection Agency states that involuntary/passive smoking poses a public-health-risk larger than the hazardous air pollutants from all industrial emissions combined.

Medical evidence shows the use of tobacco can destroy night vision, eye/hand coordination, increase susceptibility to diseases and impair cardiorespiratory endurance, exercise and stamina.

The Navy tobacco prevention program applies to everyone while in Navy occupied buildings, facilities, ships and aircraft.

Legion of Merit continued from page 1

use his God-given talents in the service of others. His untiring and unflinching devotion to the Navy and to humankind were a shining example of the sincere desire of those in military medicine to provide the best possible care to our people. CAPT Woodruff's

astute medical expertise, professionalism, and complete devotion to duty reflected great credit upon himself and were in keeping with the highest traditions of the United States Naval Service."

68 Million Red Cross Dollars for Navy

American Red Cross social services to the nation's armed forces, veterans and their families in 1985 totalled \$68,355,000, according to Alice King, station manager, Naval Hospital, Oakland.

Services were provided to 1,021,507 military personnel and their families, 134,872 veterans and their families and 348,596 civilian families eligible for this type of assistance (including federal employees assigned overseas). More than \$20 million was given in direct financial assistance through the program. According to Ms. King, individual assistance to military personnel and their families is a responsibility mandated to the Red Cross by Congress.

The Red Cross provides a wide range of services to military person-

nel and their families, including helping to solve personal and family problems, relaying emergency messages such as the verification of the need for emergency leave, providing financial assistance for emergency travel and helping with emergency transportation.

The funds used to provide these services come entirely from voluntary contributions and not from any government subsidy. These services are also dependent upon the volunteer support given by the many military personnel, government employees, and their families serving on military installations.

For more information, contact the American Red Cross in your area. At Naval Hospital, Oakland call 633-6031.

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Calendar

The Calendar is provided for input of events and activities by all medical/dental facilities in the Northwest Region. Eligible for inclusion are official, command-sponsored events and activities sponsored by such groups as enlisted and officers' wives organizations, Recreation Services, Red Cross.

September

- 1**
 - Labor Day holiday.
- 3**
 - Navy Band San Francisco to perform at USS Pyro Change of Command.
- 5**
 - Naval Medical Command NWREG Change of Command.
- 6**
 - McClellan AFB Community Guest Day open house.
 - Combat Systems Technical Schools Command drill team performs at the "Happy Birthday California" parade in Sacramento.

- 7**
 - City of Richmond "Festival by the Bay."
- 11**
 - Navy Band S.F. to perform at Patrol Squadron 47 Change of Command and at Moffett Field.
- 19**
 - POW/MIA Recognition Day; Navy Band S.F. to perform at NAS Alameda Chapel commemoration.
- 27**
 - Navy Band S.F. to perform at Naval Reserve Readiness Command Region 20 Change of Command.

Navy League, Navy Relief, USO, etc. Submit input to your local Nor'wester reporter (a partial list of Nor'wester reporters and their phone numbers is on page 2. A complete list will be printed in a later issue.)

October

- 10**
 - Naval Air Training Unit, Mather AFB hosts Sacramento Area Navy Ball. Combat Technical Schools Command Precision Drill Team and Color Guard to perform. POC: Lt. Ferree (916) 364-3301.
- 11-15**
 - Fleet Week '86.
- 11**
 - Combat Systems Technical Schools Command Drill Team performs at Columbus Day festival parade, Pittsburg, CA.

- 11**
 - 50th Birthday of San Francisco/Oakland Bay Bridge celebration runs through November.
- 13**
 - Columbus Day holiday and Navy Birthday.
- 31**
 - Navy Band S.F. to perform at NAS Alameda Change of Command.

Annual Naval and Maritime Photo Contest

The Government Systems Division of the Eastman Kodak Company has joined the U.S. Naval Institute as a sponsor of the Institute's annual naval and maritime photo contest.

Because of Kodak's co-sponsorship the Institute will be awarding more cash prizes than ever before. First prize will be \$500, second prize will be \$350 and third prize will be \$250. Fifteen honorable mentions will be selected and awarded \$100 each.

Photo entries are due on 31 December 1986. All photos must pertain to a naval or maritime subject.

Winning photos are published each year in *Proceedings*, a monthly naval professional magazine of the U.S. Naval Institute.

The official entry rules for the contest are as follows:

1. Each photograph must pertain to a naval or maritime subject. (The photo is not limited to the calendar year of the contest.)
2. Limit: 5 entries per person.
3. Entries must be either black and white prints, color prints or color transparencies.

and white prints, color prints or color transparencies.

4. Minimum print size is 5" x 7".
 5. Minimum transparency size is 35mm. (No glass mounted transparencies, please.)
 6. Full captions and the photographer's name and address must be printed or typed on a separate sheet of paper and attached to the back of each print, or printed on the transparency mount. (No staples, please.)
 7. Entries must arrive at the U.S. Naval Institute no later than 31 December 1986.
 8. Anyone is eligible to enter.
- Photographs not awarded prizes could be purchased by the Naval Institute. Those photos not purchased will be returned to the owner if accompanied by a stamped self-addressed envelope.
- For additional information or a list of contest rules, contact: Membership Department, U.S. Naval Institute, Annapolis, MD 21402 or call 1-800-233-USNI.

in addition to secretaries, masseurs, lab assistants, a pharmacist, a chaplain and a six-man U.S. Navy medical liaison unit assigned under COMNAVFOR Far East.

In the 18 months of her first two missions in Korean waters, about 3,000 wounded of 20 nations were hospitalized on the 350-bed Danish Hospital Ship.

During the Inchon landings, a Marine friend of mine was hit in the leg. Hospital Corpsmen did what they could on the spot, and the next thing my friend remembered was being in a strange bed with people in

different uniforms, speaking a foreign language, working around him. He told me he thought he had "bought the farm", until a beautiful blonde dressed in white, looking like an angel bent over him and said, "Velkommen Til JUTLANDIA!"

The JUTLANDIA returned to Denmark for upgrade and overhaul. When she returned to the Korean theater, she had a new helo pad and an increased capacity to accommodate 500 patients. She worked in concert with the three U.S. Hospital Ships; HAVEN, CONSOLATION and REPOSE.

Hospital Ships In Korean Conflict

by C.A. Wolfe, USN (ret)

At one time or another there were five Hospital ships in operation in Korean waters—three U.S. Navy, one British Navy and one operated by the Danish government.

THE BRITISH
At the outbreak of hostilities in June 1950, the British Hospital Ship HMS MAINE was already in the Far East, and was the first Hospital Ship to arrive at the scene of action. She

was used as an evacuation ship to transport UN troop casualties to Japan.

DENMARK
The Danish Hospital Ship JUTLANDIA arrived in Korea 10 March 1951. The Danish Red Cross assumed the responsibility for organization of the ship's hospital and its volunteer staff.

The hospital staff consisted of 15 doctors, 45 nurses and 30 attendants

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News

Medals, Promotions Awarded at NAVHOSP Oak Harbor, Adak



Navy Achievement Medals were awarded to (l to r) LCDR Dennis Adams, MSC; HM1 Gary Angell; and HM1 Gail Lightsey by Captain William McDaniel, Commanding Officer, Naval Hospital Oak Harbor, WA.

NAVHOSP Oak Harbor

HM1 Gail Lightsey received a Navy Achievement Medal for superior performance in Patient Administration and the Emergency Room while at her last command, Naval Hospital Corpus Christi. Presenting the award on behalf of her previous command was CAPT McDaniel, C.O. Naval Hospital, Oak Harbor.

HM1 Gary Angell was awarded the Navy Achievement Medal by CAPT McDaniel, for outstanding performance as the command's Internal Control Program Coordinator. CAPT McDaniel commended Angell on "his tireless efforts at a thankless task".

Three new E7's will soon be eligible to share in the honor of being called "Chief". HM1 Glen Wilkinson, HM1 Michael Morris and HM1 John Parkhurst were recently selected from this command to wear the coveted gold anchors. Fifty percent of those eligible were chosen by the E7 selection board. Congratulations to these new "boots" and their families.

LCDR Dennis Adams, MSC, USN, was recently recognized for his highly professional managerial abilities while assigned as this command's Acting Executive Officer. In

a surprise ceremony, CAPT McDaniel, presented Adams with the Navy Achievement Medal for "exemplary service and dedication to his job". Commented McDaniel, "LCDR Adams is prototypical of a devoted hospital administrator; we're fortunate to have him on our team".

During Captain's Call, CAPT McDaniel presided over the personnel advancements and frockings of a large group of his staff. Said McDaniel, "In just the brief time I've been here, I've noted your overwhelming performances in providing the very best care for our patients. I commend you all for your outstanding dedication and drive towards your professional and personal commitments".

Advanced: PRC Steve Benson, HM1 Jim Brown, HM3 Regina Dean, HM3 Danita Geyer, HM3 Harold Odegard, and HM3 Joseph Zayas.

Frocked: HM1 Gail Lightsey, HM1 Brad Foien, HM1 Melissa Collins, HM2 John Putnam, HM3 Peter Bond, HM3 Lisa Medlen, HM3 Patty Ostrander, HM3 Mike Patterson, HM3 Kristin Sigmund and HM3 John Springob.

Good Conduct awards went to: AMH2 Karrick and HM3 Shields.

The Meritorious Unit Commenda-

tion was awarded to: HN Emmanuel Montenegro.

Congratulations to the NavHosp-Oak Harbor Softball Team for their success in the Division II standings. Their next stop towards their ultimate goal of World Champions will be the Division II Tournament in Seattle. Good Luck!

HM1 Robert Shirey was selected as the Naval Hospital, Oak Harbor Senior Sailor of the Quarter. Assigned to the Emergency Medicine Department, Shirey is the Leading Petty Officer for that area, responsible for the supervision and training of Corps personnel. Shirey is also active in the presentation of the Military Rights and Responsibility Program throughout the command.

HN Peggy Fairchild was selected

as the Junior Sailor of the Quarter. Assigned to Patient Administration Department, Fairchild demonstrated superior performance in the Health Records area, one of the most visible areas of the facility.

Ms. Frances Lee, assigned to the Fiscal/Supply Department at Naval Hospital, Oak Harbor, was recently selected as the Civil Service Employee of the Quarter. Lee, responsible for monitoring expenditures and allocations of the hospital's operating fund, is instrumental in generating the facility's weekly budget analysis. Further, Ms. Lee is the coordinator of the Uniform Chart of Accounts Program, accumulating and processing data concerning hospital workload and related expenses.

Branch Hospital Adak

HMCM (SS) J. M. ROLFSON of Branch Hospital Adak, was recently presented the Gold Star in lieu of the Second Award of the Navy Achievement Medal for duties performed while attached to USS AUGUSTA (SSN 710).

The commendation said in part, "For professional achievement on the superior performance of his duties while serving as Medical Department Representative on board USS AUGUSTA (SSN 710)...Master Chief Rolfson consistently performed his demanding duties in an exemplary and highly professional manner. Displaying commendable leadership, superb skill, and resourcefulness, he contributed significantly to the ship's particularly high state of readiness. He ensured that the safety, radiation health, welfare, and sanitation standards aboard AUGUSTA were maintained in the highest possible condition to support operational commitments. Dedicated to improving the training, health, and morale of the crew, he

contributed substantially to the successful performance of the ship and high retention rate of AUGUSTA personnel through an arduous new construction period and an extended Post-Shakedown Availability. His superior administrative expertise and meticulous attention to detail ensured the error-free preparation of complex documentation supporting personnel actions, radiation health data, and ship's recreation fund accounting. His personal drive, dedication to duty, and unselfish application of his time and talent produced uniformly outstanding results across a broad spectrum of demanding situations. Master Chief Rolfson's exceptional professional ability, initiative, and loyal dedication to duty reflect great credit upon himself, the Submarine Force, and the United States Naval Service.

Master Chief Rolfson has been assigned as Director of Administration at Branch Hospital since January 1986.

HM3 Salvador Promoted at Adak

HM3 Ronnel C. Salvador, assigned to the Laboratory Department, was selected for the Command Advancement Program and promoted to Hospital Corpsman Second Class, 30 July 1986, by CAPT J.W. Winebright, CO Naval Hospital, Bremerton.

A three-year Navy Veteran, Petty Officer Salvador is assigned as a Basic Laboratory Technician. As Basic Laboratory Technician he assists in the prompt completion of approximately 2000 laboratory tests per month. Petty Officer Salvador fills a diversified role in the health care delivery system of Branch Hospital Adak. He has constantly striven for high calibre patient care as exhibited in the day-to-day interactions with physicians and patients.

Petty Officer Salvador's patient care is always characterized by courtesy and professionalism, making him very well appreciated by his peer group and patients. Petty Officer Salvador is a mature and capable petty officer, always willing to assume greater responsibility, not satisfied to see a task just completed, but takes those extra steps necessary to insure it is the best job that can be done.

Petty Officer Salvador was selected as Branch Hospital Adak's Sailor of the Quarter, January 1986 through March 1986. He is a very active member in the Hospital Welfare and Recreation Committee and the FIL-AM Organization.

A "WELL DONE" to HM3 Amila Aguilar for being nominated

Etc.

Adak Picks Sailor of the Quarter

HM3 George A. Shelton, a three-year Navy veteran has been selected as the Branch Hospital, Adak Sailor of the Quarter. Assigned to the Out-patient Department he is responsible for the operating of the acute care treatment room and the cast room.

Petty Officer Shelton has been commended for his outstanding performance of duties and responsibilities on Search and Rescue Missions. He has devoted many off duty hours improving himself and the out-patient department. He not only uses

his medical knowledge in the hospital, but also volunteers his time and medical skills outside the command in the community to help others.

Capable and conscientious, his work is punctuated by courtesy and professionalism which are recognized by both patients and staff.

A "WELL DONE" to HM2 Noah Albertson and HM3 Garstenshalger for being nominated for Sailor of the Quarter.

Mare Island's Sailor of the Quarter

Naval Hospital Branch Clinic Mare Island recently selected Hospital Corpsman Third Class Renato V. Jugo as its Sailor of the Quarter for the period of April through June 1986.

Petty Officer Jugo reported to the Branch Clinic in October 1985 from a tour of duty aboard the U.S.S. Niagara Falls homeported in Guam.

While assigned to Mare Island, Petty Officer Jugo has become a valued member of the command. His

attention to detail and his quality performance has helped to strengthen the medical clinic's quality of care. Presently assigned to the radiology department, he has demonstrated superior learning skills in quickly adapting to the workings of this technical specialty.

Branch Clinic Mare Island commends and applauds his dedication and determination. "Bravo Zulu" HM3 Jugo.

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- Intensive Care Unit, night shift

At Alta Bates Herrick Rehabilitation Center

This is our new 27 bed (currently expanding to 38 bed) adult acute care rehab facility. We currently have a position available for:

- Assistant Head Nurse Emergency Room, pm shift

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for immediate information, or send your resume to: Marian Williams, RN, Nurse Recruiter, Alta Bates Human Resources Department, 2855 Telegraph Avenue, Suite 616, Berkeley, California 94705. Equal Opportunity Employer.

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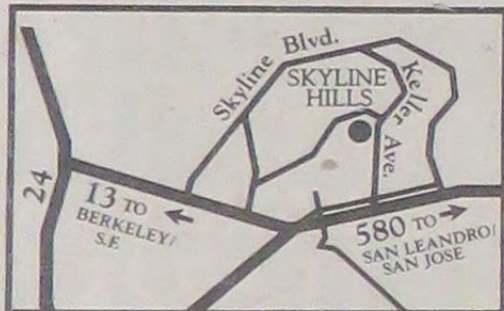
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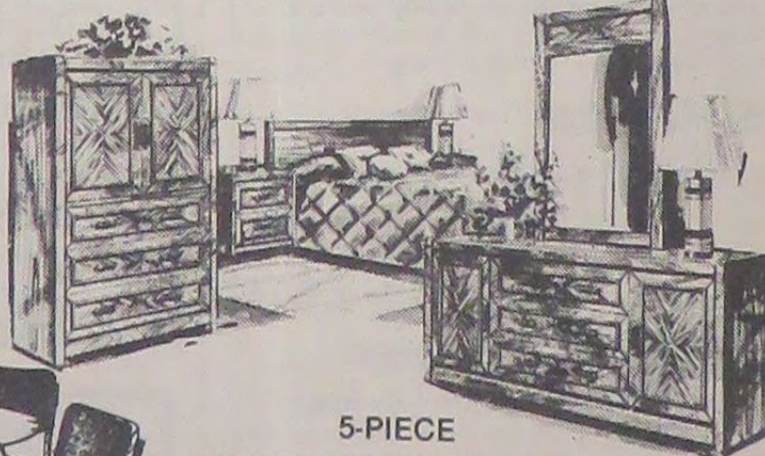
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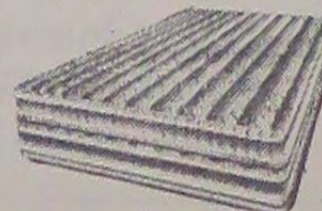


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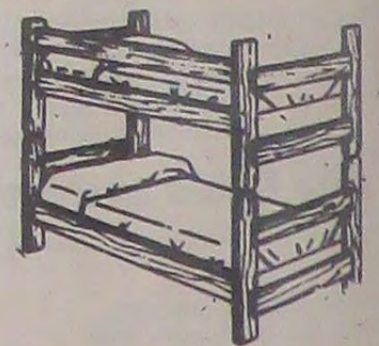


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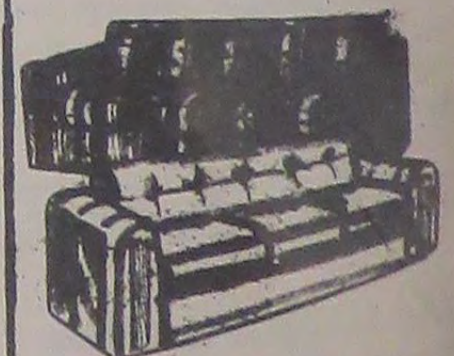
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Nor'wester

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Mare Island's Disaster Plan in Action

Your Child's Car Seat Could be Hazardous

DACOWITS—35 Years of Women in the Service

FRA Auxiliary 'Rocks' Oakland Maternity Ward

Mare Island's Disaster Drill

If you have planned for the unexpected you know and you act. A disaster occurs—an explosion, a fire, terrorist attack—what is the plan of action? What do you do?

September 17, just such a plan was activated at Naval Station, Mare Island. The Mare Island Fire Department announced over the emergency radio network—"This is a drill, gas leak and explosion with fire in a wooden building located at Building 597, SBU XI Headquarters; undetermined number of casualties; this is a drill."

Immediately, the Naval Station Disaster Plan was implemented. This normally quiet community suddenly came to life with the sounds of piercing sirens as the Branch Medical Clinic dispatched two ambulances with medical personnel to conduct triage and emergency life support of the mock casualties. Over the course of the drill, simulated casualties were given emergency treatment at the scene and transported to the Branch Medical Clinic for further evaluation. At the Medical Clinic, treatment was rendered by personnel of the Branch Dental Clinic, Occupational Medicine Division and Military Medical Division staff. "Casualties" were "treated" to the point of evacuation to local civilian hospitals and burn units.

When the last casualty was stabilized for transport, everyone seemed to sigh with relief and satisfaction. Drill Evaluators from COMNAVBASE San Francisco, COMNAVBASE San Diego, and NAVSTA Mare Island praised the response provided by Branch Clinic Mare Island with such phrases as, "Especially noteworthy, was the Medical Department." "Medical was superb." "The degree of professionalism of Medical was outstanding." Proper response to any disaster, whether natural or military, is dependent on the coordinated efforts of multiple Naval Station teams.

please see page 3



The Mare Island Seabees arrived to help control the disaster scene. Pictured are HN Doug Gobel, ambulance driver; CECA Todd Skeman, CBU 421; HM2 Tracy Franks and DN Vick Sober of the Mare Island Branch Dental Clinic.

NWREG's First CFMTP Graduate

by Jonathan Arnowitz

After three years of field work, class work, on-the-job-training, and a variety of other training programs, Kris Sorenson is at last one very happy man. Kris becomes the first NAVMEDCOMNWREG employee to graduate from the highly competitive Centralized Financial Management Trainee Program (CFMTP).

The program is designed to train specialists in the fields of fiscal management and budget management. Kris Sorenson currently works as a financial manager for the GEOCOM. CFMTP is a very difficult program to enter; requiring a minimum grade point average in college of 3.5. However, a finance degree is not necessary. Kris claims that his degree in philosophy gave him an advantage over other applicants owing to the amount of research involved. In fact, any discipline involving heavy research skills is particularly sought after by the program.

Sorenson applied for the program after leaving the University of St. Johns' Seminary. Having given up on pursuing a career in theology, Kris was just looking for a job, somewhere to fit in. "Philosophy will always be a part of my personality, regardless of what I'm doing," commented Kris. He also pointed out how his philosophy degree not only contributed to his character, but also how it helped him gain admittance to the program.

In 1983, he was just looking for a job like anybody else when he came across an application for the CFMTP. After filling out the application and turning it in, he promptly forgot all about it. "Months went by, then all of sudden—like out of the blue—I was accepted."

The program accepts 25 out of the over 300 candidates. Upon acceptance, Kris received some initial training in the CFMTP Headquarters at Cleveland, Ohio. There he was

please see page 2

Op/Ed

CFMTP Graduate continued from page 1

taught the program is designed to allow trainees to acquire a broad base of financial skills. These skills are learned primarily through on-the-job training in addition to classwork.

When Kris entered the program he was classified GS-5. However, unlike other federal employees, he could not transfer until he finished the CFMTP training.

Sorenson's first year in the program consisted of two months field work and ten months work in his assigned homeport. His second year required two months work in NAVMEDCOM, Washington D. C. In addition to all the above work, Kris was busy attending classes in the Navy's own school as well as in universities and community colleges.

"The most challenging work of all, was learning three languages at

once," explained Sorenson. "You have to learn the specialized financial language, the government's bureaucratic language, and the Navy's own acronym language."

Now, three years later, Sorenson has not only graduated, but he also attained GS-9. He looks forward to another promotion to the GS-12 level. His achievements under the program have been extraordinary.

Application, or schedule B appointments like Kris Sorenson, is only one among many ways to enter the program. Other ways include: OPM register, upward mobility program, referrals, and priority placement programs.

For more information about the CFMTP application procedure, contact your personnel office.

Ratings Reopen For Women

The Navy Enlisted Ratings Boiler Technician (BT), Operations Specialist (OS) and Machinist's Mate (MM) recently were reopened to women.

The ratings had been closed because there were not enough sea duty billets open to women to support an adequate career path. Officials now believe after carefully reexamining the three ratings, that they hold valid opportunities for

women.

Qualifying women will move into these ratings and be rotated into new assignments during FY 1987. Current plans will allow 75 women into the BT rating, 135 into the MM rating and 20 into the OS rating during 1987.

The Navy's final goal is 230 female BT's, 400 MM's and 200 OS's by FY 1991.

Energy Awareness Week

The Navy's Ninth Annual Energy Awareness Week is now in progress. This year's theme is: "Energy—Power To Win."

Navy and Marine Corps commands have been encouraged to establish local activities that provide military people and civilian communities a stronger appreciation of our limited energy resources.

"It is just as important as ever that we continue to manage our energy resources to assure that readiness and sustainability are not

compromised," stated a recent ALNAV message from Secretary of the Navy, John Lehman. "We cannot allow ourselves to be lulled into complacency by today's temporary low costs and apparent abundance of petroleum products."

OPM Changes Career Service Interval

In early 1985, the Office of Personnel Management changed the interval for recognizing Federal Employee Career Service from five year intervals (e.g., 5, 10, 15, 20 years etc.) to ten year intervals (e.g., 10, 20, 30, 40 years). Employees serviced by the Civilian Personnel Dept., Naval Medical Command, Northwest Region have continued to be recognized at five year intervals as long as the on-hand stock of emblems permitted. The supply of emblems at five year intervals has now been depleted. Therefore, as of the 4th quarter, FY 86, length of service awards will be presented only at each ten year milestone.



Don't let what you have read about changes in daylight-saving time confuse you. You'll still have to set your clocks back one hour on Sunday, Oct. 26.

By enabling people to get home

from work and school and complete more errands and chores in daylight, daylight-saving time seems to reduce people's exposure to crime, which is more common in darkness than in light.

Child Car Seat Safety Alert

Century Products, Inc. has determined during testing that under certain circumstances, certain Century 100, 200, 300 or 400XL child restraints fail to conform to Federal Motor Vehicle Safety Standards.

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Letter From the New Editor

As the new *Nor'wester* editor, I would like to take this opportunity to introduce myself and my feelings about working on the paper.

A command newspaper should not only be informative, but also entertaining. I would like just as much to peak the reader's interest as to inform them of the happenings around the Northwest Region.

However, the Northwest Region is a huge area. I need your help in covering all the news stories that occur. I can only be at one place at one time; and, until I am able to visit the various commands I am too unfamiliar with the wide variety of bases, clinics and hospitals to report on them blindly. I cannot over emphasize the importance of your input of stories, features and columns. I invite any and all: officer or enlisted, civilian or military, management or worker to contribute. The articles can range as wide as your interests.

For those who don't have the time to spend on a whole article, I will be starting a feature column of short piece (one or two paragraphs) cover-

ing the humorous, insightful and more trivial matters that go on in the NAVMEDCOMNWREG. These will be more of "hit and run" type items. Consequently, the content of this column is only limited by your imagination, and will vary greatly from issue to issue.

I am also seeking out feature columns from nutrition, physical fitness and medical experts.

If you are interested in any of the above, or if you wish to contact me, please do not hesitate to call me at (415) 633-6017 or write me at:

Jonathan S. Arnowitz
Editor, *Nor'wester*
Naval Medical Command, Northwest Region
Oakland, CA 94627-5025

The deadline for submission is the Wednesday afternoon week before publication. While I cannot guarantee all submissions will be published, I can guarantee they will all be seriously considered.

Let me hear from you.

Jonathan S. Arnowitz
Editor

Nor'wester

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The Great American Smokeout

Take a day off from smoking • Nov. 20, 1986



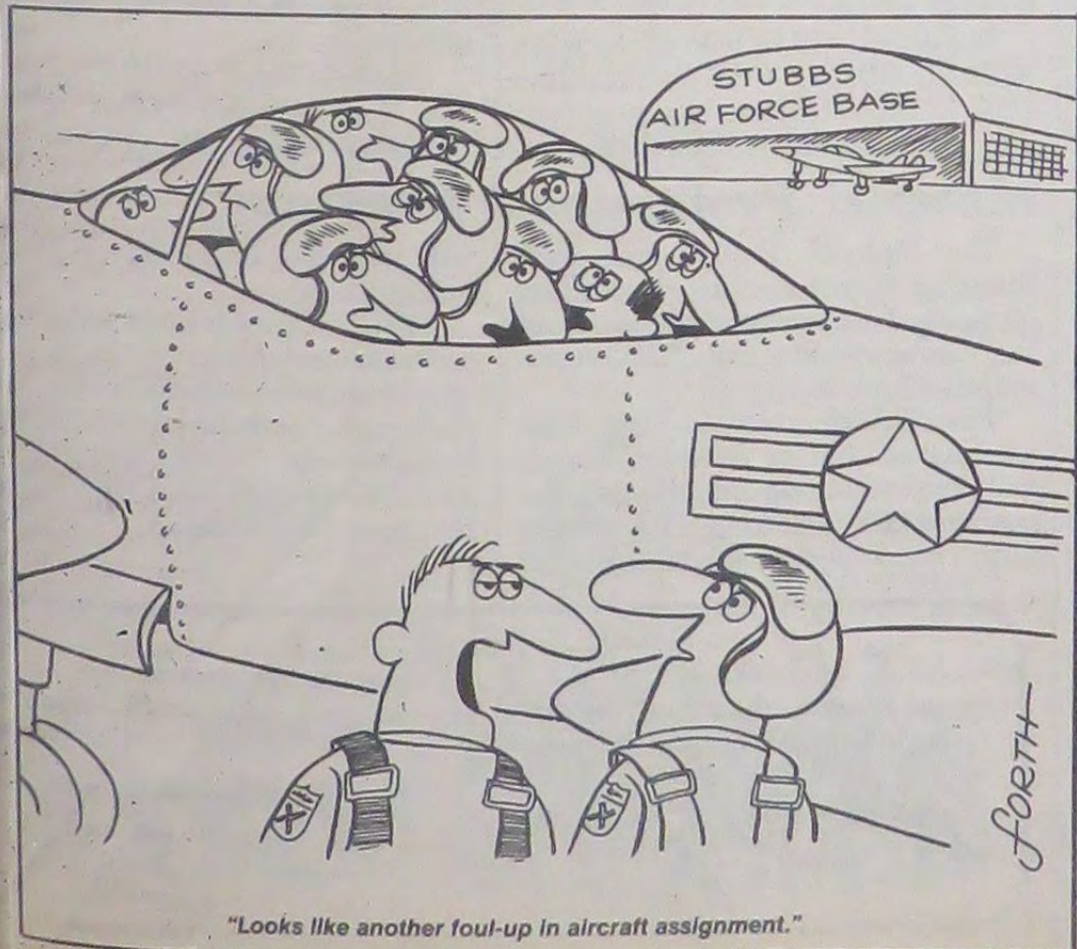
Etc.

Emergency from page 1

nant commands. Medical support always provides a critical element in a base's response to a disaster. Planning is the key.



The last victim of the explosion and fire at Special Boat Unit ELEVEN is transported to the triage area. HM3 Teresa Jones and HM2 Mary Cavanaugh escort litter bearers FA Bonifacio Chua and FA Timothy Loman of Special Boat Unit ELEVEN as they dash the victim to aid.



"Looks like another foul-up in aircraft assignment."

DACOWITS Celebrates 35th Anniversary

The Defense Advisory Committee on Women in the Services (DACOWITS) will be honored the week of Oct. 26 for 35 years of service.

During the semi-annual meeting Oct. 26 to 30, special emphasis will be placed on reviewing the committee's accomplishments over the past 35 years and focusing on concerns for the future.

Suggestions for local command activities for observing the DACOWITS anniversary include:

Invite DACOWITS members to

visit commands and speak to military women and/or all military people.

Seek opportunities for military women to speak with local civic groups about the military as a career choice for women.

Inform local media about the DACOWITS anniversary and possible interviews with military women.

For more information on the DACOWITS anniversary, call Lt. Alice Wiley at the office of the Assistant Secretary of Defense for Public Affairs at Autovon 223-1073 or Commercial (202) 693-1073.

Navy Relief Needs More Volunteers

By Cindy Newcomb

Since 1904, the Navy Relief Society has been the friend in need to hundreds of thousands of sailors, Marines and their families in times of personal emergency. Volunteers form the backbone of the Society. Your personal knowledge of life in the Naval Service and the hardships that can occur qualifies you uniquely to help those in need. Volunteer service is open to everyone. Present volunteers make the best Navy Relief recruiters.

The Navy Relief Society course is scheduled for November 3 through 7. Mrs. Norma T. Bellinger, Field Representative for the Navy Relief Society will teach the course from 9 a.m. to noon, Monday through Friday, at the NAS Alameda BOQ.

The East San Francisco Bay Auxiliary numbered approximately 137

volunteers by the end of 1985. In 1986, our volunteers have decreased. If each present active volunteer recruited just one new volunteer, we could exceed our 1985 level.

We are hoping for a large turnout for this course. You can help make this possible by recruiting others, and taking the course yourself. Time always changes things, and the Navy, the Marine Corps, and Navy Relief are no exceptions. You may find you want to take the course again. Come learn new policies with a friend.

With your help, I know the course will be a huge success. Please call 869-4188 to reserve a space in the course. Free child care and mileage credit is available.

We need you!!!



Red Cross Volunteer Honored

Captain Billie M. Mason, Commanding Officer, Naval Dental Clinic, Bremerton, Washington, presented Terry Lee Flood with a Certificate of Appreciation for her work as a Red Cross volunteer at Branch Dental Clinic, Idaho Falls, Idaho. The certificate cited Mrs. Flood's contribution of over 200 hours of chairside assisting and her personal achievements of completing the Red Cross Vital Signs I and II courses, becoming certified in CPR, and completing the Navy's "Dental Assistant Basic" textbook with an overall grade of 95 percent.

News

New Rocking Chairs for Maternity Ward

The pandemic striking maternity wards all over the country has found a solution in the Maternity Ward, Naval Hospital Oakland: rocking chairs.

Quieting crying babies, and putting the little ones to sleep will no longer plague the ward thanks to the addition of two more rocking chairs donated by the Ladies' Auxiliary of the Fleet Reserve Association, unit 10.

Mothers may now rock their newborns to solitude and comfort in the new rocking chairs. Rocking chairs have become so popular in the ward, they were scarcely available for the many new mothers. The two new chairs should alleviate the shortage.

The Ladies' Auxiliary functions as the philanthropic arm of the Fleet Reserve Association. Every year the auxiliary picks a department in the Hospital to assist. "We try to take care of the hospital, we all use it—it's our hospital too," stated Polly Stonich, auxiliary president.

This year's donation will certainly rock-a-bye the newborns of Naval Hospital Oakland. The auxiliary's donations are made possible solely through volunteer contributions and their own fundraising efforts.



Ladies Auxiliary President Polly Stonich relaxes with Lt. Hammond on the newly-donated rocking chairs. In back from right to left: Evelyn O'Donnell, Lillian Basas, Cirilo Basas, Harold McNichol, and Sandy McNichol from the FRA.

"All Hands" Questionnaire

"All Hands" magazine is giving sailors a chance to ask questions of Chief of Naval Operations (CNO) Adm. Carlisle A. H. Trost.

"All Hands" is soliciting questions from the fleet. If your question is chosen, it will be used in an interview with the CNO.

Page 48 of the August issue of "All Hands" has a question form. If the August issue isn't available, mail your question to: "All Hands" Magazine, 1300 Wilson Blvd. Room 1046, Arlington, VA. 22209-2307

Family Workshop

A workshop for military families with special needs members will be presented on Nov. 4. Capt. Woodson, a CHAMPUS representative from O-CHAMPUS, will speak and answer questions regarding eligibility, benefits and filing claim forms.

The workshop is sponsored by NAS Alameda Family Service Center. It will be held in the FSC conference room from 10 a.m. to 1 p.m. This workshop is free if you wish to attend. FSC does request you phone 869-4111 to register by Oct. 28 so arrangements for a larger room can be made if attendance is high.

Dental Health—A Historical Perspective

By CDR M. W. Patterson, DC, USN Branch Dental Clinic, Adak

Periodontal or gum disease is as old as mankind. Signs of it have been found in prehistoric skulls and in Egyptian mummies. Among the Romans, it was so common that it was used as a method of draft dodging. When young men were being examined to serve in the Roman Legions, they would suck on their irritated gums, making their mouths bloody. This practice fooled the examining doctors into thinking the recruits had tuberculosis.

Unfortunately, periodontal disease persists as not just ancient history but a major problem today. If you are in a room with another adult chances are one of you has a mild form of gum disease.

Periodontal disease is caused by plaque: a thin film of bacteria that forms on everyone's teeth. Plaque not removed daily, produces waste products that irritate the gums. The gums begin to swell, bleed easily, and pull away from the teeth. Mineralized plaque, also called calculus or tartar, builds up around the teeth, making them harder to clean. The disease untreated, causes the teeth to lose their bony support and either fall out or have to be removed.

To prevent this disease the teeth should be brushed and flossed thoroughly every day. Although most people—94 percent—report

they brush regularly, only 38 percent floss.

Flossing removes the plaque from between the teeth and under the gumline, where a toothbrush can't reach. In earlier days, people used to use toothpicks to clean between the teeth, but often injured teeth or gums. Robert Woofendale, an English dentist, suggested in 1788 that a peice of thread be used to clean between the teeth.

If you don't know how to floss your teeth, here's how to do it: Take about 18 inches of floss (either waxed or unwaxed) and wind most of it around the middle finger of one hand. Wind the rest around the same finger of the other hand. Holding the floss tightly, gently insert it between the teeth. Curve it into a C-shape against one tooth, and slide it into the space between the gum and the tooth until you feel resistance. Gently scrape the side of the tooth, using an up and down motion. Then repeat this method for all your other teeth.

Even if you brush and floss every day, remember to visit your dentist regularly. Only professional cleaning can remove the tartar that builds up around the gumline and makes effective daily cleaning more difficult.

Don't make your teeth ancient history. If we brush and floss daily and see the dentist regularly, we can defeat one of mankind's oldest enemies—periodontal disease.

Alameda OWC Holds Art Auction

The Alameda Officers' Wives' Club is sponsoring an unusual opportunity to view and acquire exclusive editions of original graphics, oils and watercolors. Award winning artists such as Hinte, Kelly and several School of Paris artists will be featured. Such world famous masters as Dali, Picasso, Miro and Chagall will also be represented. Each work of art is in a frame.

The action will be held at the NAS Alameda Officers' Club on Saturday, Nov. 1. The exhibition begins at 6:30 p.m., with the auction at 7:30 p.m. A

roast beef buffet and a no host bar are available from 5:30 p.m. until 7:30 p.m. Dinner reservations may be made by calling 869-3241 or 522-6226.

A "Last Chance Sale" will be held on Sunday, Nov. 2, from 4 p.m. to 8 p.m.

There will be major door prizes such as signed and numbered works by Salvador Dali and John Kelly. Admission is free.

Proceeds from the auction go to the Philanthropic Fund of the Alameda Officers' Wives' Club.

Materiel Professional Program

The Materiel Professional (MP) Standing Board completed selection of the final increment of officers from the Unrestricted Line (URL) community Sept. 16.

The MP program is now fully established. Future selection boards will concentrate on maintaining the community by selecting URL officers with materiel-related background

who volunteer and/or have screened for command.

"Your professionalism and proven performance have earned for you the opportunity to compete for the most challenging jobs in Navy materiel management," stated a recent ALNAV message from Secretary of the Navy John Lehman.



DO IT YOUR WAY
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VOTE

Oct. 24, 1986

Etc.

Why Uniforms and Politics Don't Mix

With many local and state elections right around the corner, you may be sold on a particular candidate or political initiative. But before you go door to door handing out literature or rallying for a political cause, you'd better read up on the regulations that limit the political activities of military people.

Members of the armed forces are encouraged to vote and otherwise carry out their obligations as good citizens. But they are prohibited in some cases from becoming political candidates, holding civil office or taking part in partisan political activities.

DoD Directive 1344.10 offers guidelines on political activities in which members of the armed force may or may not participate.

The directive outlines that members of the military **MAY**:

- ☐ register, vote and express personal opinions on political candidates and issues, but not as a representative of the armed forces;
- ☐ encourage other military members to vote, as long as they do not attempt to influence or affect the outcome of an election;
- ☐ display a political sticker on his or her private automobile;
- ☐ make monetary contributions to a political organization;
- ☐ attend partisan or non-partisan political meetings or rallies as a spectator when not in uniform;
- ☐ join a political club and attend its meetings when not in uniform;
- ☐ sign a petition for specific legislative action or to endorse a candidate's name on an official election ballot, as long as the signature does not obligate the military member to partisan political activity and is taken as a private citizen, not as a representative of the armed forces;
- ☐ write a letter to the editor of a newspaper expressing personal views about public issues;

☐ write a personal letter, not for publication, expressing political preferences, as long as the action is not part of an organized letter-writing campaign by a partisan cause or candidate; and

☐ serve in a local part-time non-partisan civil office, if the job does not interfere with military duties, and with prior approval of the appropriate service secretary.

Service members **MAY NOT**:

- ☐ use their official authority or influence to interfere with an election;
- ☐ be a partisan candidate for civil office;
- ☐ participate in partisan political management, campaigns or conventions;
- ☐ solicit or make campaign contributions to a partisan political candidate, a member of the armed forces or a federal employee;
- ☐ serve in any official capacity or be listed as a sponsor of a partisan political club;
- ☐ participate in partisan political management or campaigns; make partisan political speeches;
- ☐ write partisan political articles for publication;
- ☐ solicit or otherwise engage in fundraising activities for a partisan cause or candidate in federal offices or facilities, including military reservations;
- ☐ participate in any organized effort to transport voters to the polls if the effort is organized by or associated with a partisan political party or candidate;
- ☐ wear a uniform or use government property or facilities while campaigning in non-partisan political activities; or
- ☐ allow participation in non-partisan political activities to interfere with or prejudice the performance of military duties.

Military AIDS Testing Update

By Evelyn D. Harris
American Forces Information Service

Approximately 1.5 recruit applicants per 1,000 tested positive for HTLV-III, a virus that can infect and destroy the body's immune system and which causes AIDS, according to Department of Defense statistics compiled from Oct. 15, 1985, to June 20, 1986.

The rate is roughly comparable to the prevalence rate found in active duty personnel tested before being posted overseas — one to two cases per 1,000. In the United States population of 237 million people, the Centers for Disease Control in Atlanta estimates that between 1 and 1.5 million are HTLV-III positive.

Defense officials emphasized that a positive test does not mean the person will come down with the dis-

ease. However, persons who test positive for the AIDS antibody are not allowed to enter the service.

Of the 466,629 applicants tested, 698 tested positive — 649 males and 49 females.

By age, the results broke down as follows: 17- to 20-year-olds had an antibody prevalence rate of 0.5 per 1,000; 21- to 25-year-olds, 2.4 per 1,000; and those age 26 and older, 4.2 per 1,000.

Regional prevalence rates also varied. The U.S. territories, Middle Atlantic and South Atlantic state regions have the highest prevalence of antibody-positive applicants, while the New England, West and North Central state regions have the lowest prevalence.

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Calendar

The Calendar is provided for input of events and activities by all medical/dental facilities in the Northwest Region. Eligible for inclusion are official, command-sponsored events and activities sponsored by such groups as enlisted and officers' wives organizations, Recreation Services, Red Cross, Navy League, Navy Relief, USO, etc. Submit input to your local Nor'wester reporter (a partial list of Nor'wester reporters and their phone numbers is on page 2. A complete list will be printed in a later issue.)

October

31

- Navy Band S. F. to perform at NAS Alameda change of command

November

1

- All Saints Day

4

- Election Day: don't forget to vote!

11

- Veteran's Day

14

- Operating Room Nurses Day

26

- End of Daylight Savings.

27

- Thanksgiving
- We celebrate our 200th Anniversary of the introduction of our Constitution.

436

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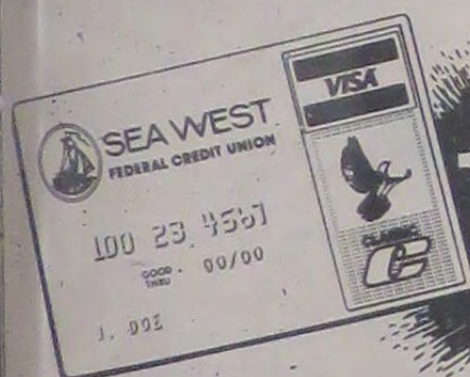
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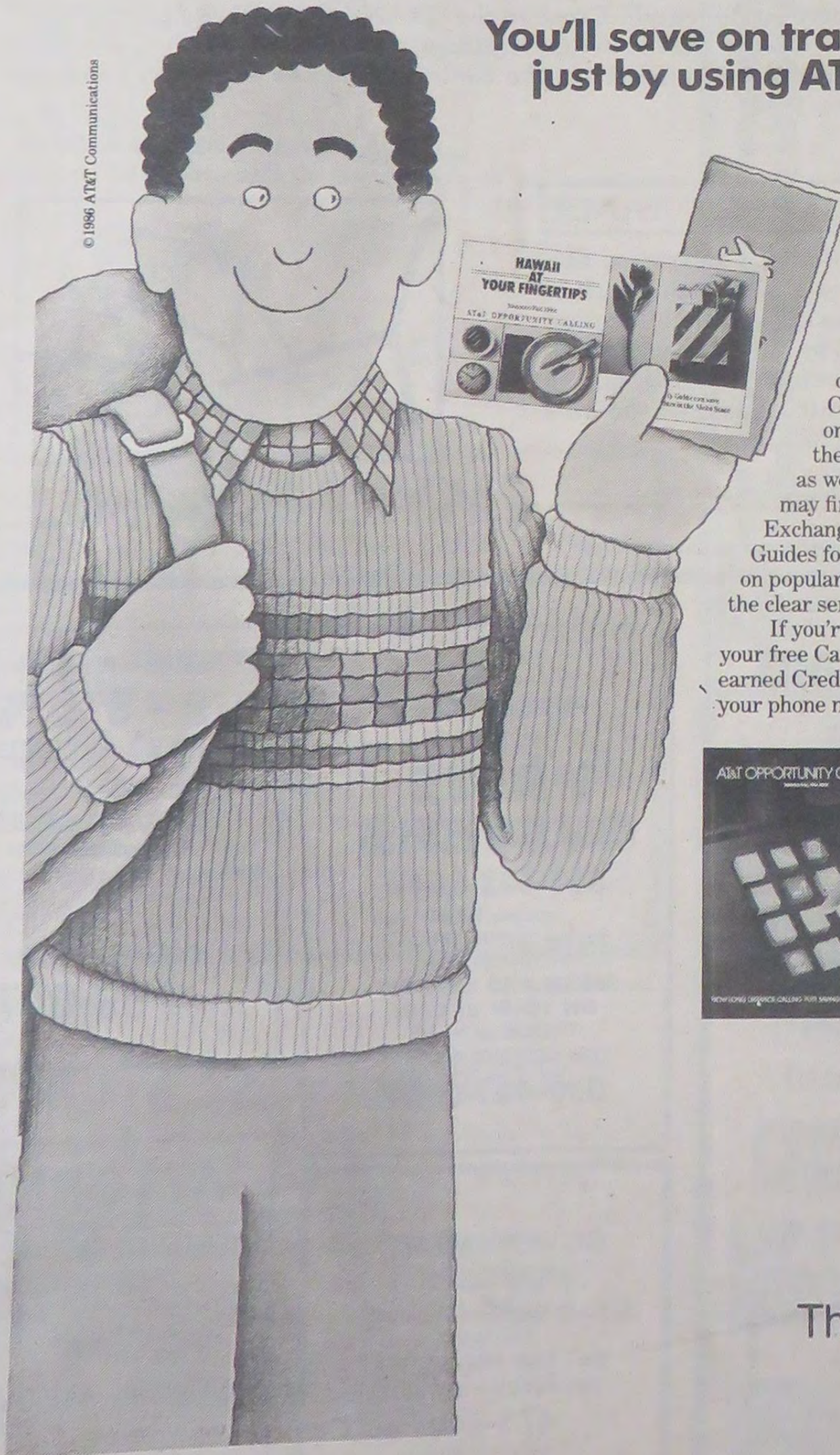
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Nor'wester

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Taking the Mystery Out of AIDS

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Surgical Team Nine—Ready Around the Clock

HTLV Blood Test Explained

By Jonathan Seth Arnowitz

Since Navy policy mandates all military personnel be tested for the AIDS or HIV (Human Immunodeficiency Virus), also known as HTLV III virus, the time has come to clarify the significance of the test results. Both military and civilian personnel have questions regarding the HIV blood test.

According to LCDR E. Heffernan, Infectious Disease Specialist at Naval Hospital Oakland, "The test is for antibodies against the virus associated with AIDS. It is not a test for AIDS."

The positive blood test by itself does not indicate the virus is present in the body. The test merely shows that the body has made an antibody against the HIV virus. Often, the body cannot kill the virus because the virus hides inside the cells, specifically the T-lymphocytes and macrophages in the immune system. The virus may also live in certain brain cells. "Simply put," explains Dr. Heffernan, "the antibody cannot kill the virus because it cannot find the virus."

Three months after one is infected with the HIV virus, the immune system produces these antibodies to attack the virus. The blood test simply detects the presence of this antibody in the blood.

A negative result indicates there is no HIV antibody in the bloodstream. However, a negative test result does not indicate immunity.

A positive result is less conclusive. The positive result indicates the body has come into contact with the HIV virus. The test neither indicates whether the virus is still present, nor if the virus will go on, in that individual, to cause Acquired Immune Deficiency Syndrome (AIDS).

A positive test result can lead to three outcomes: Most people carrying the virus have no symptoms; these asymptomatic cases are in the majority. Some people will come down with

please see page 2

Operating Room Nurses' Day Observed



Operating room nurses officiate the operation, making sure sterilized procedure is correctly followed, and guiding technicians.

By J. Arnowitz

Operating Room (OR) nurses are perhaps the most intimately involved people in the patient/care operating room experience. Yet many people are still unaware of the crucial role they play in the course of a patient's treatment. Nov. 14 is the 8th Annual Operating Room Nurses' Day to commemorate the vital role these dedicated nurses play.

"We are the advocate for the patient during the operation," stated LCDR Bart Beecher, NC, USN, one of the two CNO certified OR nurses on board Naval Hospital Oakland. As advocate for the patient, the OR nurses perform a variety of functions: they assure sterility, attend patients' needs, check patient's vital signs,

guide and instruct operating room technicians, keep the patient warm and respond to any emergencies. In addition to monitoring the patient's needs during surgery, OR nurses also visit the patient before and after surgery.

LCDR Beecher also points out, "We also perform perioperative, preoperative, intraoperative and post operative roles as part of our care to the patients." Before the surgery begins, they visit the patient to discuss the surgery procedure, answer questions and alleviate anxieties of the patient. After the operation is finished, the OR nurses visit people to see how they're recovering.

The typical nurse will see three to

four operations per day. Consequently, they have a heavy load of overlapping duties seeing different patients before, after, and during surgery—all in the same day. OR nurses are also attached to MMART teams such as the Surgical Team.

OR nurse training includes a six-week intensive Navy training course. The coursework is followed by an eight- to 12-week orientation at a Naval Medical Facility.

Regardless of the operation, be it cardiology, gynecology, orthopedic, the OR nurses function in all kinds of surgery. Their highly specialized operating room training prepares them for work in any variety of surgical procedures.

Op/Ed

NWREG's Captain Hill Receives Commendation

CAPT Ronald K. Hill received the Navy Commendation Medal for outstanding service to the Navy. Below are excerpts from the Secretary of the Navy's commendation citation:

"For professional excellence in the superior performance of his duties while assigned as the Clinic's Command Special Project Coordinator from January 1985 to January 1986. He executed those demanding duties in a most exemplary manner. His professional skills and inspirational and innovative leadership abilities contributed immensely to the successful establishment of the Clinics Command. Highly interested in the assurance and maintenance of quality medical care, Captain Hill spearheaded and personally accumulated, documented and painstakingly coordinated with a host of diverse personalities, commands, and Echelons, all that was necessary in this



Rear Admiral Crews presents CAPT Hill's Navy Commendation Medal for his outstanding work in organizing the new Branch Clinics' Command.

monumental task. Utilizing exceptional qualities of leadership and technical expertise, Capt. Hill developed that project and effectively integrated it into the Northwest Region overall goals and operations. This exceptional superior performance was accomplished in addition to his demanding primary duty as the Assistant Chief of Staff for Dentistry at the Naval Medical Command, Northwest Region."

A superb naval officer of untiring energy, he unselfishly offered many hours traveling to this region's satellite activities for "hands-on" management which enhanced the effectiveness in overseeing all his areas of concern and responsibility. Such excellence reflects great pride and credit upon himself and is in keeping with the highest traditions of the United States Naval Service and the Dental Corps."

Our GIs in Korea to Receive Hepatitis B Vaccinations

By Jonathan Arnowitz

The Army has begun a pilot project concerning the vaccination of enlisted personnel for Hepatitis B. The new vaccine, just recently made available for wide distribution, will prevent anyone from catching the sometimes fatal "B" strain.

The Navy is watching to see the results of this test program. The vaccine program is limited to all personnel (civilian or military) assigned to Korea.

The Navy is considering giving the vaccine to select personnel but is awaiting the results of the Army test. The Navy will try to concentrate the program where, according to Lt. Al Goldstein, the assistant Public Affairs Officer for NAVMEDCOM, Washington D.C., catching hepatitis would be a greater risk.

The Navy does not consider Hepatitis B to be a health problem to the Navy at large; even though, unlike

AIDS, it is both more common and easily transmitted.

Hepatitis B spreads through all body fluids: blood, semen, and saliva. Good hygiene is important in preventing hepatitis. The disease can be spread as easily as sharing drinking glasses.

Dr. Ernest Takafumi, from the Army Surgeon General's Office, said the vaccine's safety has been well documented.

Hepatitis infects the liver. Takafumi said, "It can be caused by a variety of factors—alcoholic hepatitis for example—Hepatitis B [however] is

spread through chronic carriers. For every person who is sick enough to be hospitalized there are five who have no symptoms at all. And those who have no symptoms are more likely to become chronic carriers." Even those without symptoms, can experience serious liver damage.

The symptoms of Hepatitis are yellowing of the skin (jaundice), nausea, vomiting, general weakness, and fatigue. Sufferers often come down with only a few if any symptoms furthermore, these symptoms could also indicate other illnesses as well.

Veterans Day Remembrance

On the 11th hour of the 11th day of the 11th month in 1918, an armistice signed by representatives of the Allies and Germany went into effect, ending World War I. A year later, President Woodrow Wilson proclaimed Nov. 11 Armistice Day.

"To us in America," Wilson said, "the reflections of Armistice Day will be filled with solemn pride in the heroism of those who died in the country's service and with gratitude for the victory, both because of the thing from which it has freed us and because of the opportunity it has given America to show her sympathy with peace and justice in the councils of the nations."

Armistice Day was primarily a day set aside to honor veterans of World War I, but after American forces had fought in World War II and the Korean conflict, it was designated Veterans Day by an act of Congress on June 1, 1954.

In October of that year, President Dwight D. Eisenhower issued a "Veterans Day Proclamation," and Nov. 11 became a day to

honor American veterans of all wars.

On June 28, 1968, the federal observance of Veterans Day was shifted to the fourth Monday in October by the Uniform Holiday Bill. Many states, however, continued to celebrate Veterans Day on the original date.

It soon became apparent that Nov. 11 was a day of historic and patriotic significance to a great number of citizens. So, on Sept. 20, 1975, President Gerald R. Ford signed a bill that returned the annual observance of Veterans Day to its original date.

This year, Veterans Day will be observed on Tuesday, Nov. 11. As part of national observances, a wreath will be placed at the Tomb of the Unknown Soldier in Arlington National Cemetery. By presidential proclamation, federal, state and local government officials are called upon to display the flag of the United States on all government buildings, and people are invited to observe the day in schools and churches or other suitable places with appropriate ceremonies.

HTLV-III test

from page 1

slight symptoms varying from mild illness to more severe symptoms (such as: fever, weight loss and persistent diarrhea), called AIDS Related Complex (ARC). ARC patients make up the majority of people suffering from infection of HIV. Finally there are the few who come down with AIDS. The present blood test cannot distinguish from the above three HIV virus scenarios.

"The presumption is," summarizes Dr. Heffernan, "that if someone tests antibody positive, they are most likely carriers and potentially infectious to their sex partners. And they may develop a disease associated with the HIV virus in the future, although this may take several years."

AIDS is not transmitted casually. One can live in the same house or share the same workspace as an AIDS patient and remain certain they will not catch the virus.

In any case, it is everyone's responsibility—military and civilian—to take steps to assure that one does not catch or spread the AIDS virus. We now live in an age where one can avoid catching the virus. Avoid body fluid exchange by engaging only in protected sexual activity, and by not sharing intravenous needles. These precautions will eliminate the only risks that transmit the HIV virus.

For more specific information on how you can assure you will never come down with the HIV virus, request the Navy pamphlet, "What You Should Know About HTLV-III and AIDS," from your publications distribution office, or call the national AIDS Hotline at 800-447-AIDS or the San Francisco AIDS Foundation Hotline at (415) 863-2437.

Nor'wester

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Nov. 7, 1986

Etc.

Quarterly Blood Drive Gets Underway

By Jonathan Seth Arnowitz

November 25 and 26 will mark the Alameda-Contra Costa Blood Bank drive for the Naval Hospital, Oakland. Last quarter's drive had over 200 participants and this quarter's drive is expected to be larger than any other blood drive.

"We want to encourage everyone," said LTJG Roland C. Garipay MSC, head of the blood drive, "not just active military but anybody who'd like to donate blood—be they military, civil service or dependents—all are welcome to donate."

The need for donations is greater than ever; due to an unprecedented civilian blood shortage. Garipay said the Navy supplied blood for the Irwin Memorial Blood Bank, to alleviate their desperate shortages.

The Alameda-Contra Costa Blood Bank comes to the NAVHOSP because of the large numbers of civilian employees on base. The Navy's blood bank visits military in-

stallations, accepting all volunteer donors. The civilian blood drive is an important part of the interdependent blood bank system. Just as Irwin Blood Bank sought aid from the Navy's blood supply, the Navy often relies on civilian blood banks for such services as Donor Platelet Apheresis used in certain diagnostic techniques. Often blood banks—civilian and military—rely on one another for spot shortages and emergency needs of particular types of blood or blood products.

The Officers' Club and Enlisted Men's Club both offer a 2-for-1 meal special for all participants in the blood drive. The recreation department is offering a free bowling game to all donors.

The blood drive takes place on Nov. 25 between 10 a.m. and 4 p.m. and again on Nov. 26 from 7 a.m. to 1 p.m.



Jayne Goodman works at the University of California San Francisco Medical Center. Researchers like Jayne, working in the UCSF Cystic Fibrosis Research Center, are looking for a cure to this hereditary disease. Left untreated, Cystic Fibrosis slowly suffocates its victims, most of whom are children.

How You Can Help CFC Reach its \$3 Million Goal

"Hang on to your pledge cards, folks," said the Federal Service Monitor in its coverage of the 1986 Combined Federal Campaign Cabinet meetings.

"Innovation" and "excitement" are words you hear around CFC headquarters these days as this year's volunteers talk about the 1986 Combined Federal Campaign. We want you communicators to catch the excitement, too. There are truly new items to write about which, with your help, will make this the most successful campaign ever when we reach our \$3 million goal!

This year's CFC will feature a "Golden Eagle" lapel pin for those who give an hour's pay per month, a special Golden Eagle statue for those who give over \$500, professional level

training for the campaign-critical Loaned Executives (LEs) and other innovations.

Another change is that the PCFO (Principal Combined Fund Organization) has retained an independent firm as campaign business agent and put it under the more direct control of the San Francisco Bay Area Federal Executive Board (FEB), which has overall responsibility for the campaign, and under this year's CFC chairman, James J. Casimir, Assistant District Director for the Internal Revenue Service.

To raise this year's \$3 million goal, Casimir says that the CFC needs all the "educators, motivators and communicators" it can find. In a nutshell, that's you, folks.

First Vendor's Fair for NWREG

Everything from instant hashbrowns to the latest medical high technology were on display at the NAVMEDCOMNWREG's first Vendor's Fair. HMCS T. W. Ellis, Supply Department, remarked, "The fair represented an educational opportunity for the Supply Department to present procurement procedures for vendors and personnel—a chance to bring all three of us together to work as a team."

With over 20 vendors present, representing a wide variety of procurements available, Linda McBroom, Supply Department Deputy Chief, hailed the first fair a success. "Our goal is to show department and hospital personnel what is available through the procurement process."

The fair emphasized small businesses' offerings in keeping not only with the Navy-wide policy of favoring small businesses but also in

the interest of fostering competition. "It's the only way we can assure the best price and the highest quality available for the Navy."

This initial fair was deliberately limited in scope as a model project and building upon the experience gained. The focus of this fair was to allow personnel to familiarize themselves with more state-of-the-art merchandise and an opportunity to talk with various vendors about products. The fair was purely informational, no selling or contracts could be arranged.

There were representatives for hospital equipment, emergency room equipment, administrative needs, office supplies, computers, food service, even florists for patient needs.

If you have any questions or comments about the Vendor Fair, please contact either Ms. McBroom or HMCS Ellis at (AV) 855-6334.

IG's Rules on In-Service Marketing

By J. Arnowitz

The Inspector General reminds one and all that marketing of goods or services by an individual is prohibited unless excepted by the commanding officer.

Direct sales operations that use "multilevel marketing" distribution networks pose special problems for military and civilian personnel of the Department of Defense (DoD). The typical multilevel marketing operation involves the retail sale of goods and services and the recruitment of friends and coworkers. In the DoD context, this approach can result in direct or indirect solicitation of subordinates.

Furthermore, they can violate the standards of conduct through marketer's actions or through the actions of persons in their marketing network. This violation could apply even if other aspects of the operation conform to applicable laws.

These remarks also address conflicts in the sale of insurance by military personnel. In all cases, any marketing adventures must be approached with extreme caution and sensitivity to the correct standards and regulations.

For further inquiries or to report any abuses, the DoD Hotline is accessible, toll free 800-424-9098.

News

November is National Military Family Month

By Liz Pratt

November is National Military Family month to celebrate the National Military Family Association's dedication to military families' rights.

Service members and their families used to think they had no say in legislation. Eighteen years ago, a group of military wives and widows formed a nonprofit organization to represent the military family, the National Military Family Association (NMFA). The NMFA strongly advocates for the service family.

The NMFA also acts to educate military families about their rights and benefits. The organization seeks to inform policymakers about unique aspects of military life. NMFA selects issues through questionnaires sent to members and through their representatives. Through the efforts of concerned volunteers research is conducted to outline these issues and make recommendations to the DOD, Congress and the general membership of NMFA. The NMFA currently

reviewing health care, spouse employment, housing, education, retirement, survivor benefits, former spouses and compensation for PCS moves.

The NMFA supported many new benefits. For instance, families stationed overseas with a dependent attending a stateside (CONUS) college or school, are now allowed one round-trip flight per year. The NMFA recently asked for an executive order granting military spouses stationed overseas preference in government jobs.

The influence NMFA enjoys on

Capital Hill is owing to the number of members it represents. The NMFA stands alone focusing primarily on the military family, not military personnel. Membership is open to any service person, family members of active, reserve or retired personnel and family members of any of the seven uniformed services. If you are interested in becoming a member of the NMFA, you may write: NATIONAL MILITARY FAMILY ASSOCIATION, 2666 Military Road, Arlington, VA 22207. Membership forms are available at the NAS Alameda Family Services Office.

Surgical Team Nine—Ready to Travel



Surgical Support Team Nine returns after its tour of duty for WESTPAC '86. The team was deployed for 90 days.

By Jonathan Arnowitz

Always combat ready on 24 hours notice, Surgical Team Nine is ready for action. The team and the Surgical Support Team provide emergency surgical and orthopedic assistance to our amphibious ships designed to land troops and then act as a casualty treatment center.

The Surgical Team is deployed aboard ship for 90 days of duty where, according to Senior Chief Mike Mahoney, they "augment the organic medical team aboard ship."

Most recently, the team was stationed aboard the new amphibious assault ship, USS Tarawa (LH-1) for the WESTPAC '86 13th MAU.

While aboard the USS Tarawa, the team members utilized their skills for numerous orthopedic and elective surgery. They also trained with the crew on ship firefighting, chemical biological Regulated warfare, and actual field training with the Marines.

The ship undertook several operations, docking in the Philippines, Singapore, Australia, and Thailand.

In Thailand they took part in the joint U.S.-Thai Marine Operation Cobra Gold. The operation consisted of mass casualty simulations. Among the many components to the operation were ship board drills, treatment drills, and medical regulatory exercises. During the medical regulatory exercise (MRE), the Surgical Team had to plot all medical treatment assets, regulate casualties through the phases of treatment, and ultimately deliver casualties to the definitive points of treatment.

The Surgical Team has a deployment tour of duty for 30 days—once every 12 to 18 months. In addition, every time a MAU is deployed, either the Surgical Team or the Surgical Support Team must also accompany that unit.

Awards Around the Region



Dr. Willard Wells receives his award.

By J. Arnowitz

Dr. Willard Wells received a Letter of Commendation upon his departure from NAVMEDCOMNWREG.

Dr. Wells began as staff specialist in Industrial Hygiene.

His management responsibilities began to expand, paving the way for his upgrade and selection into a GS-13 position. During this time he was instrumental in the development of a computerized record-keeping and monitoring system for all Navy civilian and military employees, testing and evaluating project software and hardware until the job was completed.

Dr. Wells also acted as Interim Director of the Region's Occupational Health Program.



Navy Chief Petty Officer (ret.) C. A. Wolff.

By Jon Arnowitz

For his dedication and "outstanding support" in sustaining the operation of this newspaper, the *Nor'wester*, Chief Petty Officer C. A. Wolff, USN (ret.) received a Letter of Appreciation from the former Commander of the Naval Medical Command Northwest Region, RADM Q. E. Crews.

Wolff has volunteered for everything from writing articles to assisting in the delivery of the paper. Readers will probably best recognize him as the author of our "Nightingales of the Sea" series, a historical look at the Naval hospital ships. His insight, perspective and dedication inspire us all today. In the words of RADM Crews "[His] tireless efforts and devotion to the Navy and Naval Medical Command, Northwest Region are greatly appreciated, and are in keeping with the finest traditions of the Naval Service."

Navy Wrestling

The Navy Wrestling season is quickly approaching. The preliminary and regional competitions culminating in the Interservice Meet will be held in the upcoming months.

To be eligible for the interservice meet, a wrestler must make the All-Navy Wrestling Team. The upcoming competitions will be part of the elimination process for the teams, with the National All-Navy Wrestling meet ultimately deciding the team players this January at Naval Station Mare Island.

The first preliminary invitational wrestling meets will be held on Nov. 19 at Naval Station Mare Island and Dec. 3 at Naval Air Station Alameda. Your base Sports Coordinator decides whom the participants shall be for these invitational meets.

Finally, on Dec. 13, at Mare Island, the Central Pacific Sports Conference Wrestling Championships shall determine who will compete for the All-Navy Team in January.

All inquiries about the wrestling meet should be forwarded to Mr. Jim Gass, CPSC Athletic Director, Autovon 253-3301/3436/4189. To enter the invitational meet contact your base sports coordinator.

The wrestling championships will be held in the Rodman Center Gymnasium, Bldg. 545 Mare Island, Dec. 13. AAU freestyle wrestling rules will be used in the tournament. Each command may enter an unlimited number of entries in a wide variety of weight classes ranging from 105.5 to 220-plus. Commands must request berthing arrangements from STCG Gass, Athletic Director.



Griffies wins award

LCDR W. Scott Griffies, MC, USN, a senior resident of the Department of Otolaryngology and Neck Surgery, Naval Hospital Oakland, was recently notified of his selection for the prestigious Vice president's trophy for academic research by the American Otologic, Rhinologic and Laryngologic Society (Triological Society). His paper, titled *Spontaneous Tonsillar Hemorrhage*, also won an award at the 1986 Bay Area Resident Research Symposium.

Etc.



Commander Suzanne Moser congratulates HM3 Ronald Aubrey for his efforts in the Management Information Department.

Computer Whiz Awarded Commendation

HM3 Ronald T. Aubrey received a Letter of Commendation from acting Region Commander, CDR Suzanne Moser, for his Herculean efforts while assigned additional duty with the Management Information Department.

HM3 Aubrey was assigned to compile information for FY85 to COMNAVMEDCOM. He was not given format nor instruction on how to detail the demographics. Rather than

giving up, he wrote a computer program that allowed the flexibility of arranging the compiled information into whatever format COMNAVMEDCOM needed.

The project took great skill and long hours above and beyond his normal on-duty schedule. His efforts were applauded by former Region Commander, RADM Q. E. Crews in extolling a "Job well done!"

National Security Seminar Nov. 21

America's security will be the subject of a day-long seminar, "Global Affairs and U. S. National Security," on Nov. 21 at the Presidio of San Francisco. Open to the public, the seminar will include five talks on national security interests by specialists from both the West and East Coasts.

Dr. Alvin Buckelew, Management Information Research Associates, will open the seminar with a presentation on "Terrorism and the American Response".

LTGEN Daniel Graham (USA Ret.), founder of High Frontier Organization, will speak on "Strategic Defense Initiative: Actuality and Consequences."

VADM John Costello, USCG, Commander, Coast Guard, Pacific Area will speak on "The Maritime Zone-Pacific—An Emerging Command" during a luncheon talk.

The afternoon session will start with Dr. James Gregor, University of California, Berkeley whose topic will be "The Pacific Basin and U. S. Security Interests."

"National Security Considerations into 2000 A.D." will be the topic of Dr. William Taylor, Jr., Chief Operating Officer and Director of

Political-Military Studies at Georgetown University, Washington, D. C.

The seminar is sponsored by the Defense Education Fund of the Reserve Officers Association of the United States and the New York based National Strategy Information Center. Co-sponsors are Commonwealth Club of California (National Defense Section), World Affairs Council of Northern California and the Association of Former Intelligence Officers (San Francisco Element).

CAPT Ned Kulp, USCGR (Ret) National Strategy Information Center of New York, will be the moderator.

Cost of the seminar will be \$10 per person including lunch. Cost to students will be \$5 per person including lunch. Lunch will be held at the Presidio Officers club. Parking is available near the Post Theater and Officers club.

Information on registration, which is open to the public, is available from COL Doug Riach, AUS (Ret), 2609 Trousdale, Burlingame, CA 94010 phone 415-697-8941, or COL Angus Loop 415-531-6401.

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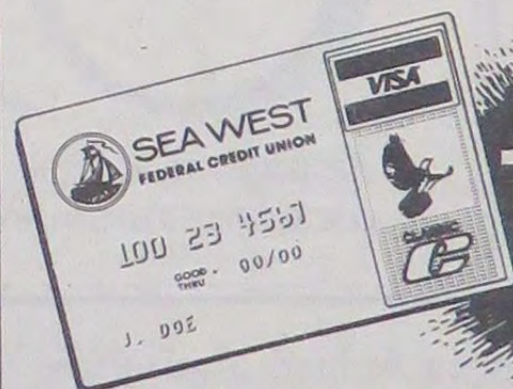
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Nor'wester

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Navy's Drug Screening is Tops

Home for Holidays Shares Families With Sailors

Do You Know All Your CHAMPUS benefits?

Child Abuse in the Military Conference

Drug Screening Sets Standard for Excellence

By Jonathan Seth Arnowitz

The Navy's Drug Screening, Zero Tolerance Program illustrates Navy efficiency at its best. Utilizing state-of-the-art technology and efficient screening, the program, since its inception, caused a sharp decrease in drug usage in the Navy from almost 40 percent down to somewhere between 10 to two percent.

An example of the Oakland Naval Drug Screening Lab efficiency is that out of over 1.5 million specimens tested since 1982, only six to seven tests have been reversed.

"That is an awesome efficiency," remarked CDR Richard L. Hildebrand, MSC, USN, CO of the Drug Screening Lab.

This remarkable success is owing to the attention and care given to the screening process, as well as the up-to-date state-of-the-art equipment.

"When the program first began," recalled CDR Hildebrand, "we were using old labor-intensive methods which resulted in such a disaster: backlogged specimens, inaccurate results...just a mess. Now we have a state-of-the-art facility." With state-of-the-art results, publications from *Newsweek* to the *Los Angeles Times* have taken note of the outstanding efficiency and effectiveness of the program.

The process is involved with checks and balances assuring with almost absolute surety the test results. The process begins when a random urinalysis is announced at a specific military installation. There, all military personnel give a specimen of their urine that is marked only by Social Security number. Ideally, this is a spontaneous announcement with no advance notice; because, advance notice will allow time for drugs to totally metabolized out of the body. Notice of a day sharply decreases accuracy of catching someone, whereas several days notice all but negates the validity of a test.

After the urinalysis, the specimens are sent to the Drug Screening Lab. There the bottles are assigned identification numbers separate from the Social Security numbers and are used



Flying pies raise \$\$\$ for CFC

Naval Hospital Oakland staff took time out Monday, Nov. 10 for a little "pie in the eye" and fun during a "pie-throwing auction" to raise funds for the Combined Federal Campaign. CAPT A. M. Martinson (top), Commanding Officer of the hospital, braces for an incoming cream pie, while HMCS M. P. Mahoney (bottom), of the Manpower Department is the target of another pastry missile hurled by HMCM A. Y. Marumoto. (Photo by HM3 Bobbie L. Brown)



as the only identification in the Screening Lab.

as the only identification in the Screening Lab.

"This identification system assures total confidentiality and impartiality. We don't know who, what rank or where the specimen comes from" explained Dr. Hildebrand.

From the identification process, the specimens go to their first testing. Put in stacks of two hundred, they are given a bulk processing, called a radioimmunoassay. There, most are tested negative and the report on those specimens are complete.

For the positive test results, a "presumptive positive" is reported and the specimen goes on to the next more difficult and definitive test. It would not be cost-efficient to put all specimens through this test, as the cost ranges from \$50-100 per test.

This state-of-the-art test is called a Gas Chromatography/Mass Spectrometry (GC/MS). GC/MS is the industry standard that all other tests are judged by: the most accurate system available. GC/MS separate molecules from compounds by turning material into a gas. The chemical then passes through a computer sorting them by their individual characteristics. When a chemical matches the characteristics of a drug, they indicate a positive test.

"The computer compares the sample with a model drug molecule, just like seeing if pieces of a jigsaw puzzle match," related CDR Hildebrand.

Furthermore, not all positives are reported positive. The Lab has set up what is called a threshold positive level. The threshold level assures that the tests catch the chronic drug user. Of the 370,000 specimens tested this year, roughly 2.25 percent have come up positive.

"This indicates a 75 percent drop in drug use in the Navy," reported CDR Hildebrand.

There is talk of expanding this program to the civilian personnel in sensitive positions, where drug use would act as an impairment in crucial situations.

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Op/Ed

Commander's Thanksgiving Day Message

The Thanksgiving Day holiday season once again reminds us of our rich heritage as a nation and as a people. We have reaped a bountiful harvest this year in the Naval Medical Command Northwest Region and can reflect with true "thanksgiving" and pride on our individual and group efforts to continue to provide quality care. I would like to offer my deepest and sincere appreciation for the dedicated skill each one of you consistently displayed in meeting every challenge. Your devotion to duty and willingness to give selflessly the many long hours and your professional best

has resulted in a strong team spirit, camaraderie, and pride in the Northwest Region. I wish each of you to enjoy a richly deserved Thanksgiving Holiday marked with many happy moments spent with loved ones, family and friends around a festive table filled with your favorite traditional foods. To those of you on watch or on duty serving your country on this special day, my special tribute to you for your continuing dedication and sacrifice to your duty, patients, honor, and Navy. May the Good Lord Bless us all on this special day of thanks.

T. F. Levandowski

Alameda "Home for the Holidays"

By Erin Parris

For the fourth consecutive year, residents of Alameda and several of the surrounding civilian communities are preparing to welcome local military personnel and/or their families into their homes for a traditional holiday meal. Thanksgiving, Christmas Eve or Day and Chanukah are the holidays involved in this program called Home for the Holidays.

This unique project is being co-sponsored by the Naval Air Station Alameda Family Service Center and the Military Affairs Committee of the Alameda Chamber of Commerce.

Last year more than 160 military personnel and/or their families enjoyed a holiday meal with 70 local host families. The feedback from all who participated was overwhelmingly positive.

As a direct result of all the media attention to this program and the personal interest of Rear Admiral Robert L. Toney, Commander, Naval

Base San Francisco, response from the civilian host families has grown extensively. This year more than 200 families have already volunteered to be host families for Thanksgiving.

The Telephone Pioneers of America in conjunction with AT&T have taken a special interest in supporting this program for Thanksgiving. Military personnel matched with telephone company families will be given a free five-minute phone call anywhere in the world.

Military personnel and/or families from deployed units are encouraged to participate in this exciting and rewarding program.

To sign up for the program, active duty military are asked to contact their command Home for the Holidays representative. Families of deployed units should contact their command ombudsman or the NAS Alameda Family Service Center at 869-4111.

Make Your Turkey Delicious—and Safe

By Evelyn D. Harris

For many people, Thanksgiving is an Olympic cooking and eating event. Turkey or other fowl, two kinds of

potatoes, rolls, salads and vegetables and often two or three pies are placed lovingly on the table. Your family and guests try mightily to transfer the contents of the groaning board to their groaning stomachs on the big day, but there are always leftovers.

Unless properly handled, those leftovers could be a cause of food poisoning.

All foods contain microorganisms. Dairy products and poultry, such as that Thanksgiving turkey, for example, contain harmless amounts of such bacteria as salmonella. These harmless amounts can quickly multiply into harmful amounts unless you keep cold foods cold (45°F) and hot foods hot (above 140°F).

Don't leave the cooked turkey on the table at room temperature longer than two hours on Thanksgiving for maximum safety, say the food safety experts. Even though the room may seem cool, it is still warm enough for bacteria to grow.

Master Chief Discusses Defense Budget

By HMCM W.J. O'Daniel

The new Fiscal Year 1987 Defense Authorization Bill will have some good and bad points for the military in fiscal 1987. Overall, the pay benefits are predominately good, even though some things are being taken away.

To start with, everyone will get a three percent pay raise in their basic pay—BAQ and BAS. However, family separation allowance will not be allowed now for people who have elected unaccompanied tours.

The per diem system is also being changed to a flat rate. Overall, it is a simplified system. Also, the POV shipment has been made easier. For

example, it is now easier to deliver a sailor's car if his/her home port has changed.

Also, funding has been authorized in August 1987 for a dental insurance program. The dental insurance program is still in the planning stages and DoD is considering which exact program to implement. Later in the year a full program should be in full force. Further information will be given later.

With all the program cuts, we really gained quite a bit in the new fiscal year 1987 Defense Authorization Bill.

Runners Gear Up for Pensacola Marathon

By AM Deborah Pierce

The 4th Annual Blue Angel Marathon will be held at Naval Air Station Pensacola, Florida, on December 6, 1986. This event has been designated as the "official" Navy Marathon.

Of interest to military personnel, the Navy's Central Pacific Sports Conference has been authorized by the Naval Military Personnel Command to enter a team of five qualified runners (male or female) to par-

ticipate in this event. Expenses will be borne by the Conference Recreation Fund as approved by the Commander, Naval Military Personnel Command. Participants will travel to Pensacola with no-cost TAD orders.

Applications and questions concerning this marathon should be directed to Ron Brown, Northwest Region Assistant Chief of Special Services at Bldg. 38, NAVMED-COM, Oakland, or call (415) 633-6013.

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News

Editor's Thanksgiving Day Message

By Jonathan Seth Arnowitz

With a multitude of Thanksgiving Day messages, I want to offer something more philosophical. 200 years ago our United States Constitution was adopted, thereby establishing the longest lasting democracy known to modern man. No constitution since the Roman Republic is lasting longer.

The founding fathers, James Madison and Alexander Hamilton, gave us the foundation for a governing state to last from the time of carriages and quill pens to the age of supersonic jets and computers.

It seems now more than ever, we must jealously guard this constitution both externally and internally. Our nation was founded on ideas such as religious freedom, political freedom and self-determination. Just as we dare not let any invader intrude on those rights; we must not let ourselves violate those rights. Last election, we witnessed one of the smallest voter turnouts in history. A minority of the registered voters decided last election who shall be governor, who shall sit on the supreme court, when local taxes shall be levied, et al. Can we Americans, af-

ford to let these issues be decided by the few? Is that what James Madison envisioned in his pluralistic society? Do we want to move to an aristocracy by default, because the American Citizen doesn't care who rules our country? Apathy is a very dangerous evil; because to be apathetic one doesn't have to do a thing; just being lazy. But to act, to take part in our government, that takes a person of action. Without actively participating in the electoral process this nation could lose those freedoms we cherish.

We have reached an age in our history where now more than ever we must be thankful for the freedoms and liberties our constitution grants us. Remember, the Roman Republic fell, when the politicians, the business community, and the military forces became divorced from the people they supposedly represented. Remaining active in the political process is the only assurance of responsible government. Nobody said democracy was easy. This Thanksgiving, let our actions speak as loudly as the words we speak at the dinner table.

Do You Know Your CHAMPUS Benefits?

By J. Arnowitz

Many people unaware of the many benefits available to them often pay for services that may have been covered by other benefits. These benefits range variously for the military personnel and their families. An example of these benefits is the CHAMPUS medical health program.

CHAMPUS is the Civilian Health and Medical Program of the Uniformed Services. It helps pay the costs of covered civilian medical care for members who cannot or where it is undesirable for them to get care from military medical facilities.

Those eligible for CHAMPUS are: dependents of active-duty service members, military retirees and their dependents, some former spouses of military members, and surviving family members of deceased active or retired military.

Once determined you are eligible for CHAMPUS, the medical health program works like any other major-medical health insurance. You and the CHAMPUS program share the costs with the amount paid depending on the type of treatment, the diagnosis and where you seek medical treatment.

Where you seek medical treatment under the CHAMPUS system is very important. There are some medical doctors who are members of CHAMPUS in that they agree to charge the patient according to CHAMPUS's guidelines for reasonable compensation. Other doctors could charge more than CHAMPUS would agree to pay, in which case it is incumbent upon you to pay the difference.

In other CHAMPUS news:

The Defense Department, in getting ready to begin the new Active Duty Dependents Dental Plan, has asked for bids on a contract to provide dental benefits to the dependents of active-duty service members.

The "request for proposals" was released Oct. 31. The bidding period ends Jan. 7, 1987; after evaluation of the bids, the contract is expected to be awarded in early April 1987.

Under the contract, active-duty families will be automatically enrolled in the dental program and will pay a small monthly premium—probably no more than \$10, since about 60 percent of the premium will be paid by the government. The family members (not the active-duty military sponsors themselves) will receive diagnostic, oral examination and preventive dental services at no additional charge (unless they decide to go to a dental care provider who doesn't participate in the new dental program) in addition to the monthly premium.

Besides cost-sharing the monthly premium, the dental plan will pay 80 percent of charges for basic restorative services such as cavity fillings, stainless steel crowns, and repairs to dental appliances, such as false teeth.

Payment of the monthly premium share will be through payroll deduction.

Since enrollment is automatic, military sponsors will have to fill out a disenrollment form to drop out of the program, or to decline participation for their families. This process of confirming enrollment will take place next spring.

Military dental clinics will continue to provide dependent dental care on a space-available basis, and families may choose between relying on space-available care or enrolling in the new dental plan for the services covered by the plan.

Enrollments will be for a minimum of two years. The planned start-up date for dental benefits is Aug. 1, 1987.

The dental benefits program will not be open to military retirees or their families, to survivors of deceased active or retired military members, or to former spouses of service members.

Potential bidders for the nationwide contract should contact: OCHAMPUS Contract Management Division (CMP); Aurora, CO 80045-6900; (303) 361-3009



CAPT T. F. Levandowski (r), Commander, NAVMEDCOM Northwest Region, and LTJG C. Thomas Jr., CFC Coordinator for the region headquarters staff, admire the Golden Eagle Award presented to CAPT Levandowski for his generous Combined Federal Campaign contribution.

CFC Golden Eagle for CAPT Levandowski

By J. Arnowitz

CAPT Levandowski recently received a Golden Eagle award from the Combined Federal Campaign (CFC). This award is available to everybody. CFC awards all contributors for making a commitment of at least \$500 with this golden eagle mounted on a redwood base. This commitment can be made for a little more than \$40 a month, which can be as little as \$20 per pay period for civilians.

Contributors are also members of the CFC eagle society. Members of the eagle society sit on the planning committee for the CFC campaign in 1987.

"The the award is a symbolic one," stated CAPT Levandowski, "representative of the continuing commitment that the Navy, and our command in particular, has made in sup-

porting this community effort. We live in a community, we share in the many benefits and we must pay a fair share for our commitment to the community and being good and fully participating members of the community in which we live.

"We especially, in the medical department are fully aware of the many benefits derived from the CFC. In anticipation of fellow eagle society members, the generous donors, and of reaching the 100 percent donation goal, I wish to thank everyone involved in this extremely important effort in helping those less fortunate than ourselves. May the good Lord bless us all so that we can continue to help, or get that help necessary through the many programs that CFC supports."

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News

Child Sexual Abuse in the Military

Reprinted from *Military Family*

Military lawyers from the Pacific area conferred recently on the legal questions involved in child sexual abuse cases. The July conference, which was held at Barbers Point Naval Air Station, Hawaii, was sponsored by the Military Family Advocacy Coordinating Council (MFACC).

Purpose of the conference was threefold:

- To inform Uniform Code of Military Justice (UCMJ) authorities of emerging judicial trends in child sexual abuse cases;

- To highlight the required coordination between the military and civilian judicial systems in such cases; and

- To develop a dialogue between commanders, civil and military judicial representative, the selected state agencies charged with supporting the law, the individual, and the family.

Hawaii's Chief Justice Herman Lum pointed out that "the idea of cooperation between the state judiciary and the military community is not a new idea." He cited the Hawaii Armed Services Police (HASP) liaison with the courts as an example.

MFACC plans to use conference results to develop new directives, or to modify existing procedures, for handling military cases of child sexual abuse in both civilian and military communities.

Keynote speaker Lt. Col. Alfred Arquilla, USA, Staff Judge Advocate for the Army Community and Family Support Center, suggested that "the problem of under-reporting [child sexual abuse] may be worse in military families than in civilian families." The reason stems from fear of losing family income, military career, and military retirement.

The most important consideration when dealing with child sexual abuse from a legal standpoint is "the welfare of the Service member's family," according to Lt. Col. Arquilla.

Chief Justice Lum complimented the Military Services, stating that he is "well aware of the military's strong record in providing for the needs of military families. Family welfare builds good morale and that, in turn, contributes to military effectiveness.

For more information about the conference, call or write Maj. James Parker, USAF, U.S. Air Force Clinic, Hickam AFB, Hawaii 96853. (808) 449-6284 or 6474. Autovon: 449-6284 or 6474.

In response to the growing number of reports of child sexual abuse, the American Bar Association has launched a new project to examine how domestic relations courts deal with these difficult cases. The project is funded by the National Center on

Child Abuse and Neglect, a division of the Department of Health and Human Services.

The aim of the project, according to project attorney Bruce Nicholson, "is to work closely with domestic relations court judges and practicing attorneys who have encountered these cases in order to determine the scope of the problem and to identify state-of-the-art responses which can be used by the courts." The ABA believes that the courts need to develop policy on issues such as juvenile and criminal court proceedings, procedures for validating allegations of abuse, and procedures for protecting possibly abused children who are involved in custody

or visitation disputes.

Educational materials based on the project findings will be developed for domestic court personnel. One is a book that examines policy on specific issues such as child witnesses, expert witnesses, and the court-related policies of Child Protective Services and other agencies. A videotape that covers interdisciplinary concerns in child sexual abuse cases is planned for judges.

ABA hopes to have these resources available in early 1987. For more information about the project, contact Bruce Nicholson, American Bar Association, 1800 M St., N.W., Washington, D.C. 20036 (202) 331-2235.



Friends and colleagues remember Dorothee Prentice at a Memorial service held Nov. 10 at Naval Hospital Oakland.

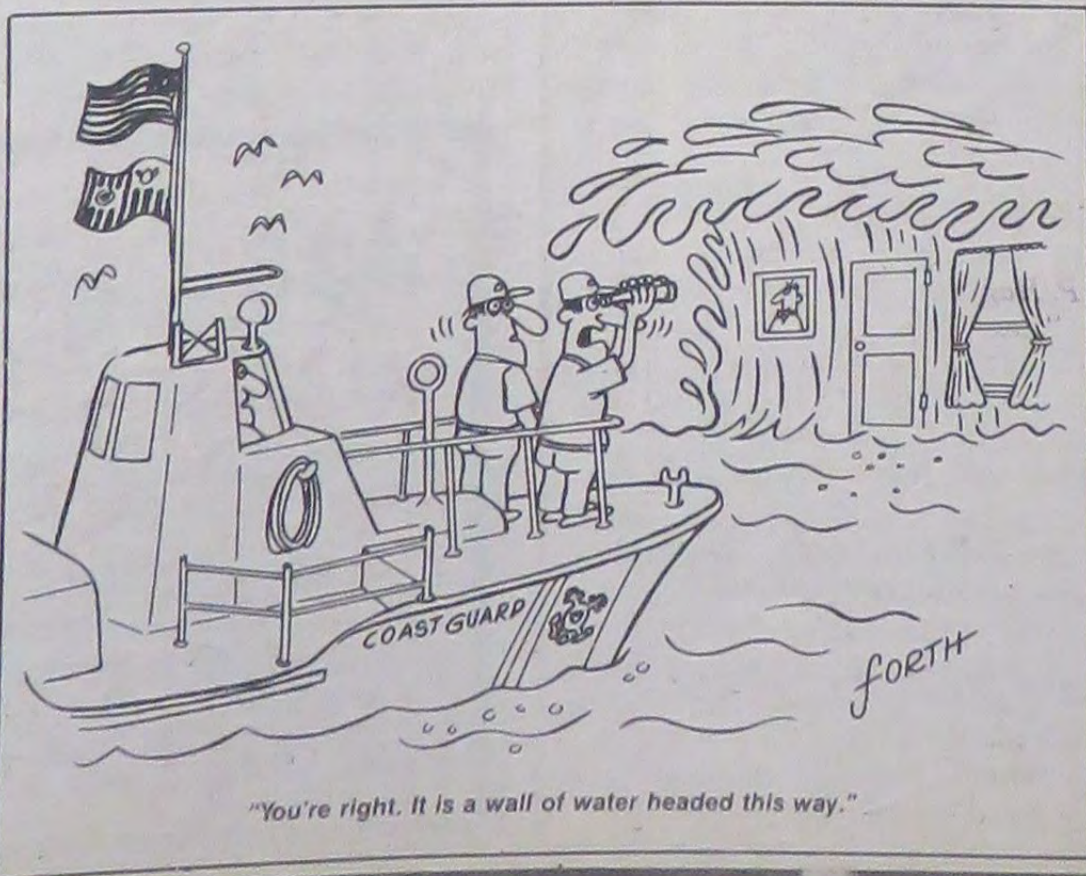
Memorial for LCDR Dorothee Prentice

LCDR Dorothee B. Prentice, USN-R served in the Pediatric Division at Naval Hospital, as head nurse for 21 years, a service she loved, and was clearly loved by all who knew her, patient and co-workers alike. A memorial to Miss Prentice was established at Naval Hospital in the form of a Pediatric Memorial Library

Fund from which a part is funding this memorial plaque being dedicated today.

Miss Prentice was a LCDR, NC, USMC-R. The committee gave trees, picnic tables, library and other things to NHO.

For more information, call Charlotte Pross at 562-8457.



Thoughtfulness Earns an Award

By AM Deborah Pierce

Even a small effort to get the job done here at the Naval Medical Command Northwest Region Headquarters is greatly appreciated. A fine example is the effort by Master-at-Arms 1st Class Geoffrey P. Abalos.

Petty Officer Abalos was given a Letter of Commendation by Captain T.F. Levandowski, Commander, Naval Medical Command, Northwest region, after the Commander observed him policing the outdoor area of the Naval Hospital, Oakland, in his civilian clothes during his liberty time.

MA1 Abalos stated to CAPT Levandowski that it "was part of his job" and was not "beyond the dignity" of a first class petty officer to pick up trash but to do whatever is needed to accomplish the mission.

Individual effort by all hands, like that of Petty Officer 1st Class Abalos, makes Naval Hospital Oakland and Northwest Region headquarters better places to work and live.

Toward Pride, Professionalism

By Michael Cuevas

The NADSAP course "Toward Pride and Professionalism: Increasing Personal Responsibility," is the place where you can improve your communication skills, learn about human behavior, find out how to make the stress in your life work for you, learn a method of decision-making that really works, pick up college credits, and have fun learning and all this for free!

The Navy Alcohol and Drug Safety Action Program (NADSAP), developed by the University of Arizona, is open to all military personnel, dependents (18 years of age or older) and civilian DoD employees. It is a 36-hour course in non-traditional education—no test grades—in a seminar-type format that encourages each individual to take an active part in his/her own learning process.

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Etc.

Awards for GEOCOM Personnel

By JOC Mike McGougan

The staff of Naval Medical Command's Northwest Region headquarters in Oakland treated eight individuals to special recognition during a command inspection-awards ceremony held Oct. 31.

Captain T.F. Levandowski, Commander, Naval Medical Command, Northwest Region, presented the Navy Commendation Medal to Lieutenant Commander Gail M. Gullickson on behalf of Admiral C.A.H. Trost, Chief of Naval Operations, during the ceremony.

CAPT Levandowski also presented Navy Achievement Medals to Dental Technician 1st Class Ricky E. Reece and Hospital Corpsman 1st Class Dany R. Kohler on behalf of the Honorable John F. Lehman Jr., Secretary of the Navy, at the ceremony.

Hospital Corpsman 2nd Class Marc A. DeMatte presented the Northwest Region Sailor of the Quarter Award for the third quarter 1986. He was also presented a \$750 scholarship on behalf of the president and board of trustees of the National University. He attends the university in off-duty hours and received the scholarship as a result of the Sailor of the Quarter honor.

LCDR Gullickson was cited by the Chief of Naval Operations for meritorious service while serving as Head, Occupational Health/Preventive Medicine Department at Naval Medical Command, Northwest Region, Oakland, from November 1984 to June 1986. The citation accompanying her Navy Commendation Medal states that she "took con-

trol of her department in its infancy, quickly grasped mission requirements and effectively implemented programs which contributed significantly to the department's growth into a viable regional occupational health and preventive medicine authority. She organized the operation of regional programs covering occupational and preventive medicine, industrial hygiene, radiation health and safety. She was a prolific writer, authoring a training manual for occupational health and industrial hygiene and a comprehensive drug and alcohol abuse instruction."

DT1 Reece was cited by the Secretary of the Navy for meritorious achievement while assigned to the Staff of Commander, Naval Medical Command, Northwest Region, from Oct. 1, 1985, to Sept. 30, 1986. He designed, developed and implemented a data base management information system that increased the effectiveness and efficiency of the Office of Dental Affairs.

HM1 Kohler was cited by the Secretary of the Navy for professional achievement in the superior performance of his duties while serving as Acting, Head, Education and Training Department, Staff of Commander, Naval Medical Command, Northwest Region, from July 7 to Aug. 25, 1986. His programming skills were directly responsible for a significant upgrade in attention to operational medical readiness training. His highly effective administration of personnel matters with an interface between activities permitted maximum attendance for a variety of nation-wide training courses.

Awards for SF Dental Clinic Personnel



DT1 Abner Tayag (r) and Ricardo Daysog received awards at the Naval Dental Clinic San Francisco. DT1 Tayag received a Letter of Commendation for assisting in the renovation of the prothetics laboratory; Daysog was presented with a Quality Step Award.



DT1 Hal Christenson of Naval Dental Clinic San Francisco is presented the Navy Achievement Medal by LCDR M. P. Haglund. The citation recognized "...exceptional resourcefulness, skill and judgement during the renovation of the prothetics laboratory." This is Christenson's second Navy Achievement Medal.

ing the Battle of Mobile, "Damn the torpedoes! Full speed ahead!"

Quote of the Week

"That which does not kill me, makes me stronger."

—Friedrich Nietzsche

Civil War Facts

During the Civil War, mines were called torpedoes, and ships normally proceeded with caution to avoid "suspicious looking buoys" which were often signs of mines. Hence the meaning of Civil War hero Adm. David C. Farragut's famous cry dur-

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A newspaper for the Naval Medical Command Northwest Region

Nor'wester

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CAPT Cope Bids Navy Farewell



Captain Cope addresses her colleagues and friends at her retirement ceremony held aboard the USS Arkansas.

By Jonathan Seth Arnowitz

CAPT Patricia Cope retired aboard the USS Arkansas last week in a very moving ceremony. Friends had come from as far as Great Lakes to attend the ceremony.

"What I will miss most about the Navy is the family. We have proved the Navy is not an inanimate object; it is people," stated a tearful CAPT Cope.

She had given over 20 years of ser-

vice in the Navy. She began at a time when equality for women was not in vogue. However, in the Navy she never felt like a second class citizen. She was treated with respect and dignity.

CAPT Cope's service on a combatant ship proves the faith and trust the Navy held for her. Now, with laws preventing women from combatant duty. She remains among the last women to retire with combat duty.

Her love for the Navy was apparent, not only in her emotional bearing, but by the dedication and love she put into her work. People from all over: from Camp Pendleton to Great Lakes, Illinois, came to make testament to her work as a Navy nurse.

Speaking at the ceremony, CAPT Gordon Strom, Chief of Staff, NAVMEDCOM NWREG stated, "CAPT Cope dedicated herself to her duty. We often lose sight that it is people who do these things—we must help people—as CAPT Cope did throughout her life."

She never lost sight of her reason or goals for performing her duty; she desired, to help people. She truly cared and loved people with a compassion that is all too rare. The Navy will surely miss such a special person as CAPT (retired) Patricia Cope.



Special Olympics Christmas Party

A great time was enjoyed by all at the Special Olympics Christmas Party. See special photo display on pages 4 and 5.

Oak Harbor Health Care—Too Few Resources?

By CAPT William McDaniel, CO, NHOH

Frustration—I know that is the emotion you feel when you attempt to get an appointment for health care at Naval Hospital, Oak Harbor. That is the result, unfortunately of having too few resources at Naval Hospital to meet the demands placed on our facility and personnel.

The primary mission of the hospital is, by law and necessity, to provide health care first to active duty personnel, then to other eligible groups as resources permit. Therefore, it is apparent that retirees and dependents cannot be guaranteed non-emergency care. We will never turn you away if you have an emergency threatening life or limb; however, routine medical services in many instances will be quite difficult to get. Follow-up care may be an equal problem.

Naval hospital personnel regret this, perhaps almost as much as you do. We would like to have the personnel and facility to handle all comers. We don't and are unlikely to reach that condition in the future. There are

please see page 7



Captain Cope leaves the USS Arkansas, retiring from the Navy, to be driven in a silver Rolls Royce to her farewell reception.

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Op/Ed

NWREG CDR's Holiday Message

It seems like only yesterday we packed away the holiday decorations, and now it's time to get them out and put them up again. The older I get, the faster the days go by.

Feeling like the holidays are closer together, I sense a continuity in the message, "Peace on earth goodwill toward all people." Said often enough, one day it will not be a holiday slogan but a way of life, for all time. However, saying the words won't make it happen; living the words will. This is the time for sharing, for giving and for caring. This compassion all too often stops at the checkbook in our donations to our favorite charity, our favorite cause, or toward our family.

Let us not forget the equally important donation of our time to our family and friends: sharing our concerns, our needs, our desires, and our comfort to the ones we love is just as important.

I wish we could all be home for the holidays: gathered around the holi-

day dinner table with family and friends. For many who cannot—those who stand ever vigilant in the far outposts, aboard ships, in isolated medical facilities—I send a fervent prayer and my undying gratitude for their sacrifice.

I pray they also take this time to spend the holidays with their military family. We, as members of the United States Military, are not instruments of war. We are guardians of peace and freedom, which is a twenty-four job. Those of us who work through the holidays, let's not forget your military colleagues. Our best efforts give meaning to the phrase, "Peace on Earth goodwill toward all people."

To all Navy people everywhere, and particularly to my Navy Medical family in the Northwest Region, I pray you travel safely and feel compassionately this holiday season. God bless.

CAPT T. F. Levandowski
Commander
NAVMEDCOM NWREG

Holiday Tips Worth Remembering

The Christmas and New Years season, perhaps more than any other holiday time, brings to most people special feelings of love, life and hope for a bright future. It's ironic then, that each year this joyous season is a time of accident-caused tragedy for thousands of families. The very nature of the seasonal celebrations pose more hazards than any other time of the year. Party-going, cooking, baking, decorating, traveling, gift-giving and other activities must be approached with safety.

Here are some hints to keep your holiday safe:

- Be sure to obtain a fresh tree a few days before Christmas. Test it to see the needles are not dried out and

already falling. Cut the trunk diagonally, a little above the original cut. Keep the tree in water or wet dirt or sand until used. When you bring it indoors, use a stand that contains water, and keep it filled.

- Make sure the tree is not located near a fireplace, radiator, stove, TV set, or any other source of heat. Never block exits by placing a tree in the line of traffic. Remember these same rules if you assist in decorating a church, school or assembly room.

- Use only lights and wiring with the Underwriters Laboratories label. Make sure that extension cords, if used, do not present a tripping hazard. Never overload circuits by having too many plugs in one outlet. Check lighting sets from previous years for frayed wires, loose connections and broken sockets.

- Many tragic fires start when there is no one at home or when the family is in bed. For this reason, do not leave the lights burning too long and always turn them off when you retire for the night.

- Candles should never be used on your tree. Angel hair and snow spray can be flammable if they are used together in decorating. You may use one on a tree, but never both. Electric lights should not be used on metal trees because of the danger of electrocution. Glass, metal or non-combustible materials are safest for decorations.

- Don't smoke near the tree, and be sure those cigarettes butts are disposed of safely.

- Take the tree down when needles start to fall...and remember, a dry tree can burn away in less than 27 seconds!

Oak Harbor Test Disaster Preparedness



Litter bearers bring a victim into the Naval Hospital's Casualty Control Center.

By Marlys Tuftin

Naval Hospital Oak Harbor recently activated its Disaster Preparedness Plan in responding to a community Mass Casualty Exercise. Over 200 Emergency Service responders and volunteers participated in the multi-agency drill including the community and the Naval Air Station.

The drill responded to a simulated crash of a Navy DC-9 aircraft that injured 40 civilians and military personnel in the city of Oak Harbor. Naval Hospital and Whidbey General Hospital each received 20 victims and initiated their Disaster Preparedness Plan. This action allowed health care providers to advance their readiness in responding to mass casualty situations.

If You Drink-Don't Drive By NA Price and J. Arnowitz

The gruesome aftermath of drunk driving was brought to reality recently here at Naval Hospital, Oakland, by Patrolman Pat Nelson who gave a safety lecture at the Clinical Assembly.

In his lecture, he indicated thousands will be killed or injured from drunk drivers during the

holidays. He also showed a film that graphically illustrated the carnage that results from drunken driving. It is estimated by some polls that over 10 percent of drivers on the road will be involved in an accident involving drunk drivers. Only you can stop this lethal trend.

How to Avoid AIDS

A recent report by the Surgeon General, C. Everett Koop, includes these recommendations for preventing AIDS:

- Those who are sexually active or even slightly unsure of their partner's sexual activity are strongly urged to engage in protected sexual activity;

- One facet of protected activity is safe sex—engaging in sexual activity that does not include the exchange of body fluids;

- Avoid sex practices that can cause cuts or tears in the lining of the vagina, rectum or penis;

- One is strongly urged to use condoms in "unsafe" sexual activity. This includes all forms of sexual intercourse where body fluids are exchanged. If using a condom in conjunction with a lubricant, do not use oil-based lubricants such as vaseline.

Only water-based lubricants should be used with condoms;

- The ideal protection is to have a monogamous relationship with an uninfected partner (i.e. someone who has tested antibody negative on an initial test and a six month follow-up test).

- No one should abuse drugs; but those who cannot immediately change their behavior should not share needles;

- Avoid sex with male or female prostitutes.

- Women who have tested positive should avoid pregnancy; they both risk infecting the newborn and perhaps bringing on an infection in themselves;

These steps will also prevent herpes and other sexually transmitted diseases.

Nor'wester

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News

Twenty-One Complete EMT Course

By CDR Renee G. Sheehan

Twenty-one students completed the first Emergency Medical Technician (EMT) course in July 1986 at Naval Hospital Oakland during two-weeks Active Duty for Training (ACDU-TRA). One student was an active duty Hospital Corpsman; the others were Reservists. Ratings ranged from Hospitalman Apprentice (HA) to Senior Chief Hospital Corpsman (HMCS).

Plans for the course began last year when LTJG Florence Baker, Naval Hospital Liaison Officer, noted the need for this special training and secured the cooperation of LCDR William Aiken, Naval Hospital EMT Coordinator, who later became an instructor for the pioneer program.

Subjects covered during ten days of intensive study included anatomy and physiology, patient assessment, CPR (Coronary Pulmonary Resuscitation), bleeding and shock, airway equipment, fractures, medical and surgical emergencies; poisoning, burns, snake bites and similar emergencies, taught by LCDR Aiken. A class in emergency childbirth was taught by CDR Anderson, an obstetric nurse and fellow Reservist. Gloria Grace, Naval Hospital Family Advocacy Program, was a guest lecturer on child abuse and rape.

Besides classroom work, students spent time in laboratory sessions learning how to handle airway equipment, splints, CPR, patient assessment and emergency childbirth. Students also accompanied an ambulance for eight hours to observe EMTs in action. In addition, they worked in the hospital's emergency room for an evening shift to observe EMTs at work in their setting.

The graduating class received official Naval Hospital Certificates of completion; their overall class average test score was 89.5 percent. Because the course followed the National Registry of Emergency Medical Technician standards, the graduates are recognized by the Navy as certified EMTs. Completion of the course also qualified them for civilian jobs with local ambulance services or hospital emergency rooms.

Nor'Wester Holiday

The next issue of the *Nor'Wester* will not come out until next year. The publishers will be taking the following weeks off; consequently, look for our next issue of the *Nor'Wester* next Jan. 19, 1987.

In our next issue, we shall feature Dr. Dresser of the CIC Naval Hospital, Oakland, whose team finished third in the Blue Angels Marathon.



The Groom Wore a Hospital Gown...

The bride wore lace and carried roses; the groom wore a hospital gown and carried an IV bottle at the Nov. 9 wedding of ET3 Mark A. Lewellen of NAS Whidbey Island and Jennette Nichols of Eugene, Ore. When their wedding plans were disrupted by Lewellen's bout with acute tonsillitis, the couple decided to tie the knot anyway. Permission to hold the ceremony in Lewellen's room in Ward G of Naval Hospital Oak Harbor, Wash. was granted by the hospital's CO, CAPT William McDaniel. He said, "They can hold the ceremony here as long as it doesn't disturb the other patients, but the honeymoon will have to wait!" The delayed honeymoon took place after Lewellen's discharge from the hospital. (Photo by PHAN Tracy Smith)

Dental Clinic Active After Hours

Although the primary mission of the Whidbey Island Branch Dental Clinic is providing top-notch dental treatment to the 7,500 assigned personnel and their dependents, department members are putting forth energies in many non-dental endeavors.

In an effort to capture some of these extracurricular activities, a monthly photo contest has been started in the clinic. The contest is open to any subject or event imaginable. November's No. 1 entry by DT2 Hawn featured a spectacular view of one of the Northwest's most photographed landmarks, the Deception Pass Bridge at dusk. The area's brilliant autumn colors should make for stiff competition in the December edition of the contest which shall be judged shortly.

The selection to and successful completion of the Preventive Dentistry Course by DN Bonesteele and DN Holsworth has increased the clinics provision of quality dental prophylaxis. The weeklong course, held at the Naval School of Dental Assisting and Technology, San Diego, emphasized the use of hand scaling, pit and fissure sealants, dental radiology and oral pathology.

Although most members of the

clinic claim some of the most incredible fish stories, LT Walczyk and DTC Hise have proof of their fishing expertise. Proof came in the form of cash awards for each after hauling in a "largest of the day" king salmon during a weekend fishing derby sponsored by Recreational Services. Although the contest took three weekends to complete, the two happy anglers along with fellow fisherman DT2 Hawn and "Captain" DN Issel enjoyed the invigorating Crescent Harbor. Granted, their catches didn't appear on the cover of *Sports Afield*, but they sure did fill up more of the ice chest than "the big ones that got away".

The Oak Harbor Dental Study Club, which is composed of Navy and civilian dentists from Oak Harbor and surrounding communities, provides continuing education for its members by having guest speakers lecture at the regular monthly meetings. The November gathering dealt with Endodontics. CAPT Thetford shared helpful tips on routine and involved endodontic cases. Dr. Hartman, an Oak Harbor pedodontist and Reserve Dental Officer, enlightened the audience with different adolescent endodontic

treatments.

In the Athletic Department, CDR Kirkland continues to stay very active with youth soccer coaching. This season he has guided his Oak Harbor Islanders U13 All-Star squad to a 7-2 record with one game remaining, that being against the Everett Sharks for the league championship. The squad is made up of military and civilian boys under 13 years of age and has put on many miles traveling throughout the state of Washington during this autumn season.

CDR Kirkland received a Letter of Commendation for his outstanding efforts during the recently completed Navy Physical Fitness Test.

Based upon her recent 1st place finishes in three Lip-Synch contests held at Oak Harbor and Everett clubs, DN White could very well find herself being led to the lights and glitter of Hollywood to join another celebrity White, Vanna White. In addition to her rendition of Whitney Houston's "How Well I Know", she has participated in a fund raising fashion show sponsored by the Concerned Citizens of Oak Harbor.

Update on Child Dental Care

"They're only baby teeth—they'll fall out anyway." Fifty years ago, most parents and even some dentists felt this way about children's primary teeth. As a result, the children had dreadful teeth. In 1935, 96 percent of all five-year-olds had at least one cavity; 60 percent of them had seven or more. Painful toothaches and swollen jaws were not just jokes to laugh at in comic strips but facts of life.

Today, the situation is far better. The National Caries Program of the National Institute of Dental Health reports that 36 percent of all children 5 to 9 years old have no decayed or filled primary teeth.

This dramatic improvement in children's dental health has been possible only because people have realized how important the primary teeth are. Children need strong, healthy teeth to chew their food easily, to learn to speak clearly, and to look good to themselves and their friends.

The primary teeth also help to reserve space in the jaw for the permanent teeth. If a primary tooth is lost too early, the teeth beside it may drift into the empty space. When it's time for the permanent tooth to come in, there's not enough space for it to grow into its proper position. This can make the teeth crooked, helping to create what dentists call a "malocclusion." Straightening the teeth may require orthodontic treatment.

All children should be examined by a dentist after most of the primary teeth have erupted. In this way, any

please see page 7

Special Feature



Santa Claus arrives on his float provided by the San Francisco Police Department.



Santa Claus distributes gifts to the kids.

Christmas Fun for All at Special

Photos by AN Price

Fun was had for young and old and even the Navy at a very special Christmas party for the San Francisco Special Olympics held last week at Golden Gate Park. This special party bestowed a special meaning of Christmas to the hundreds of participants.

This festive occasion was provided in part by the San Francisco Police Department, the MacDonald Corporation, the Marines and the Navy.

The day started out with a humorous program brought by the San Francisco Police Department. They entertained, sang and danced for the enthusiastic crowd. Later, they provided free fingerprints for the kids. They also provided a decorated sleight for Santa.

The Marines and the Navy worked hand-in-hand, giving out presents and blowing up balloons. They also decorated the auditorium where the Christmas party was held.

The full day was rounded out by many recreational activities. These included a jubilant session of Christmas caroling where everyone sang all their Christmas favorites. The dance was a jubilant festive conclusion.

The kids left singing, and many in eager anticipation, saying, "I can hardly wait until next year!"

"That's what it's all about, helping bring cheer for the love of bringing cheer," remarked one Navy officer.



Ronald MacDonald joined in the fun.



Costumes, camaraderie and laughter ruled the day.



Navy PO shakes hands with special friends at the party.

Olympics Party



Old as well as young enjoyed the festivities.



Awards, Advancements at Oak Harbor

Awards and advancements continue at Naval Hospital Oak Harbor. Some of the awardees are pictured above from left to right: Mr. Ralph Ross was awarded Civilian of the Quarter for his work in the Aviation Physiology Training Department; HM3 Albert More of the Surgery Department was advanced in rate and HM3 Reginald Dean, who works in the Operation Room Department, was selected Junior Sailor of the Quarter.

Holiday Driving Tips from NADSAP

By Michael Cuevas, Program Coordinator, NADSAP, SF

The San Francisco office of the Navy Alcohol and Drug Safety Action Program (NADSAP) wishes you a very joyous holiday season and a wonderful new year.

We want to remind you, if you intend to celebrate the holidays with alcoholic beverages, that it is a **crime** to drive when under the influence of alcohol.

According to the National Highway Traffic Safety Administration (NHTSA), 25,000 people are killed each year in alcohol-related traffic accidents. The NHTSA estimates that 68 people are killed each day and one person dies every 21 minutes

because of these accidents. Over 50 percent of all traffic fatalities are caused by drivers who have been drinking.

If you party off-base at a club, find a "designated driver" to take you home. Calling a taxi is another alternative. The average cost of a Driving Under the Influence (DUI) conviction these days is about \$2,000. A taxi ride home is a lot cheaper and safer, not to mention smarter.

Whatever you do, don't mix drinking with driving.

Have a happy holiday season and *think* (plan your evening) before you get behind the wheel of your car. Cheers!



"Top Gun" School CO Addresses ANA

Commander E. G. "Rick" Ludwig, Jr., commanding officer, Navy Fighter Weapons School, NAS Miramar, appeared at a recent Association of Naval Aviation (ANA) meeting. He spoke about the fact and fiction behind Top Gun, the movie that featured him and his school. CDR Ludwig also presented for inspection an F-5 Tiger 2 aircraft. The aircraft is used in simulated fighter flights in the "top gun" school. (Photo by AN Deborah Price; Jonathan Arnowitz also contributed to the story.)

Calendar

December

21—Navy Band San Francisco to perform at Christmas concert at Naval Station Treasure Island theater.

25—Christmas;

• Combat Systems Technical Schools Command (CSTSC) Drill Team to perform during half-time at the Sun Bowl, El Paso, Texas;

27—Hanukkah.

28—Combat Systems Technical Schools Command (CSTSC) Drill Team to perform in Fiesta Bowl Parade, Phoenix, Arizona;

31—New Year's Eve;

• Entry deadline for U.S. Naval Institute's Naval and Maritime Photo Contest. (301) 268-6110.

January

1—New Year's Day.

11—Naval Reserve Officer Career Development Symposium, Bldg. 461, Naval Station Treasure Island. (415) 521-7842;

19—Martin Luther King's Birthday (Federal Holiday);

30—Combat Systems Technical Schools Command at Mare Island Change of Command.

Quote of the Week

"What we see depends mainly on what we look for."

—John Lubbock

Children and Stress

By Nor'Wester News Service

Children can have problems with stress just as adults can.

Today, children are exposed to more stress than ever before. They are constantly reminded to watch out for kidnappers. Fewer live with both parents. They feel the pressures of having to grow up faster.

Researchers say children who feel emotionally isolated, or unloved, do not handle stress very well. Children who are hugged frequently and made to feel appreciated by their parents learn to deal with stress.

Here are some tips to help your children handle stress:

- Listen to them with respect and interest from an early age. They'll be more likely to tell you their problems so you can help them;

- Be consistent in disciplining them. They need to know what to expect;

- Ask them to imagine the worst thing that can happen if a feared or stressful situation comes to pass. It may not seem so bad once they do that. Then ask them how they plan to handle the situation, and let them know you believe they can handle it.

FMA Elects New Officers for '87

By Jonathan Seth Arnowitz

This month's Federal Manager's Association (FMA) meeting installed its officers for the coming year. Wanda Cappello was re-elected to the office of President.

Her re-election came as no surprise, given the hard work she had dedicated to the FMA. While she was in office the membership more than doubled to 35 members.

"We now have a base out of which to work," said Cappello. The group was struggling to get started in its early years. Now on firm ground, and looking forward, the FMA hopes to

begin more programs and training classes for manager in the area.

CAPT Martinson, CO of Naval Hospital, Oakland, speaking at the installation said, "The organization allows people to do their job. There is no rule on how to manage. Pooling our resources, we can learn and become effective managers. It teaches us to acknowledge our responsibility."

The FMA meets once a month and is open to all managers in federal employment.



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Etc.

Oak Harbor Medical Care continued from page 1

things you can do to minimize difficulty in obtaining health care.

First, become familiar with Emergency Room priority system. Treatment at the Emergency Room is not based on first come, first served, but on a priority system. This means the most serious conditions will be treated first. These are the life, limb, or sight threatening emergencies. The seriousness of your condition is evaluated and prioritized by Emergency Room personnel. Active duty personnel in uniform have priority when conditions are determined to be equal.

What this means to you is if you have a relatively low priority condition, you may not be treated for a very long time. Be assured that if you come to the Emergency Room you will not be ignored. You will be screened and treated as soon as available personnel and conditions warrant.

Second, consider obtaining health care at other medical facilities. You may find the wait less and the continuity of follow-up care more available than that at Naval Hospital. Medicare, Medicaid, CHAMPUS, and third party supplemental insurance plans can be utilized to reduce the financial burden.

Everyone 65 or older who is eligible for Social Security benefits is eligible for Medicare. Call your Social Security office for more information. If you are not eligible for Medicare, you are probably covered by CHAMPUS. Remember, CHAMPUS is not free: there are deductible and minimum fees to pay. Contact the

Primary Teeth Care continued from page 3

dental problems can be discovered and treated early.

Often parents do not realize that tooth decay can start as soon as the teeth come through the gums. Even babies can have widespread early decay if they are allowed to take a bottle of milk, formula, sugar water or fruit juice to bed with them at nap-time or bedtime. Whatever the age, any child with tooth decay should see a dentist right away. Cavities don't get better by themselves; they just get worse. Decayed primary teeth can seriously damage the permanent

Health Benefits Advisor at Naval Hospital for more information regarding CHAMPUS.

Supplemental insurance can be used to help pay for care not covered by the above mentioned resources. Contact the Retired Affairs Office (679-2544) which maintains a current list of supplemental insurance agencies. Retired Affairs can provide personalized information regarding the supplemental insurance best for you.

Finally, please keep in mind that we do want to treat you, if possible, under existing circumstances. If you strongly desire to be treated here, please be patient with the current system. We are looking closely at the central appointment system and are implementing changes to try to relieve some of your frustration. We are attempting to add phone lines. We are also looking closely at decentralizing the appointment system to allow more individual responsiveness from the different clinics.

It is not that the present system intends to be unresponsive; it is constrained by the number of appointment slots available and the requirement to see active duty first and immediately. We run out of appointment slots to stick names in. So, we are in the process of improvising and innovating to see the maximum number of patients in the minimum time with the minimum effort on your part and still provide the best care possible.

We need your understanding and cooperation in solving this problem. It is not just your problem or our problem—it is a problem for all of us.

Red Cross Volunteer of the Quarter

Mrs. Dorothy Calkins was recently selected as the American Red Cross Volunteer of the Quarter at Naval Hospital Whidbey Island.

As a dedicated Red Cross volunteer, Mrs. Calkins spent two years working in the hospital Eye Clinic and the last seven years in the OB/GYN Clinic. She works and average of 15 hours a week on a regular basis and has frequently worked over 30 hours a week when staffing shortages occur (usually on very short notice).

"Her attitude is incredible as she tirelessly greets each patient with a cheerfulness and promptness rarely

teeth underneath them or near them in the mouth, as well as cause pain and difficulty in chewing.

"Money spent in the care of children's teeth is one of the wisest expenditures that can be made," said George Eastman, founder of the Eastman Dental Dispensary in Rochester, New York, in 1915. He was ahead of his time, but recognition of the fact that children's teeth are indeed important and deserve good care has been one of the major scientific developments in the last hundred years of dentistry.

found in volunteer personnel," commented CAPT McDaniel, Hospital CO.

Mrs. Calkins checks patients into the clinic, records their vital signs, and prepares them for their examination. She also attends to doctors' requests, answers an ever-ringing phone, files charts, cleans and organizes additional volunteer help.

CAPT McDaniel summarized: "Mrs. Calkins is responsible for completing so many vital tasks that the clinic has come to accept her presence as essential and we all depend on her enormously."

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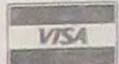


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